Republic of the Philippines
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UNIVERSAL HEALTH CARE

PHILHEALTH CIRCULAR
No. 2020 - 0021

FOR : ALL HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Accreditation of Health Care Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package

I. RATIONALE

The Universal Health Care Law was enacted to "Ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk." Further, it provides that every Filipino shall be granted immediate eligibility and access to preventive, promotive, curative, rehabilitative, and palliative care for medical, dental, mental, and emergency health services, delivered either as population based or individual based health services.

As provided in DOH Administrative Order entitled "Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines", all PCFs will now be regulated, shall secure a DOH-LTO and must be compliant at all times with the licensing standards and requirements set forth by HFSRB and FDA.

PhilHealth is committed to expand the primary care benefit to cover all Filipinos. An initial step towards adopting a comprehensive approach to delivering primary care is the development of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package. PhilHealth Circular (PC) No. 2020-0002 entitled "Governing Policies of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package: Expansion of the Primary Care Benefit to cover all Filipinos" provided for the governing policies for the design and implementation of the PhilHealth Konsulta Package. Section IV. B. of the Circular requires the creation of applicable rules for the accreditation of PhilHealth Konsulta Providers.

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II. OBJECTIVE

This Circular aims to ensure the access of Filipinos to quality primary care services given by Konsulta providers by defining the accreditation standards and guidelines for Konsulta facilities.

III. SCOPE

This Circular covers the rules for standards and accreditation of Konsulta facilities. This shall apply to public and private health facilities that are capable and willing to provide the PhilHealth Konsulta Package.

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The rules on registration, benefit availment and payment shall be issued on separate Circular/s.

IV. DEFINITION OF TERMS

A. Full-time equivalent – refers to the hours worked by one or more health workers equivalent to the work of one full-time health worker (a total of forty (40) hours a week).

B. PhilHealth Konsulta – refers to the primary care benefit package of PhilHealth. It is paid per capita and covers a defined set of primary care health services based on their life-stage, health risks, and needs for which all Filipinos are entitled to.

C. Primary Care - refers to initial-contact, accessible, continuous, comprehensive, and coordinated care that is available and accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary.

D. Primary Care Facility (PCF) - refers to the institution that primarily delivers primary care services and licensed or certified by the DOH as such.

E. Primary Care Worker (PCW) - refers to health care workers, including health and allied health professionals and community health workers/volunteers, certified by DOH to provide primary care services.

F. PhilHealth Konsulta Providers – refers to primary care facilities and/or health care professionals accredited by PhilHealth to provide the Konsulta package.

V. POLICY STATEMENTS

A. Accreditation Standards for PhilHealth Konsulta Facilities

1. Non-licensed PCF, including previously accredited PCB and EPCB providers may apply for accreditation provided:
   a. Health facility shall be subject to conduct of survey
   b. Provider submits required documents.
   c. These health facilities comply with the mandatory input standards (see Annex A, "Minimum Requirements for Accreditation of PhilHealth Konsulta Providers").

2. DOH-licensed primary care facilities (PCF) are deemed qualified for accreditation subject to submission of required documents but without conduct of survey. However, these facilities shall provide proof of the presence of a functioning Electrocardiogram machine with paper and its peripherals or the fully filled-out service agreement with a service provider for ECG.

3. PhilHealth Konsulta providers may establish referral, contracting, or service agreements with other nearby DOH licensed service providers for the provision of health services not available in the facility. The agreement/s shall be documented through a service delivery support agreements/certification and shall be submitted as part of their accreditation (see Annexes D.1, "Certification of Service Delivery

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Support (Laboratory and Diagnostic Services)" and Annex D2, "Certification of Service Delivery Support (Medicines)".

4. The PhilHealth Konsulta provider shall comply with the mandatory primary care health human resource complement provided as follows:
   a. The primary care physicians must be PhilHealth-accredited;
   b. All primary care workers working in the facility must be registered as PhilHealth members;
   c. Health human resource necessary to deliver the PhilHealth Konsulta package shall either be employed, contracted or detailed to the facility;
   d. In case one of the required personnel can no longer deliver or is not anymore authorized to deliver services for the clinic within the validity of its accreditation, the provider shall inform the concerned PhilHealth Regional Office (PRO) one (1) month prior, as applicable, in order for the PRO to facilitate the continuous availment of the package. The PhilHealth Konsulta provider shall implement any of the following temporary measures:
      d.1. Provide replacement staff with the same qualifications; or,
      d.2. Refer the eligible beneficiaries of the PhilHealth Konsulta provider to another nearby accredited provider
   e. In case of the closure of the health provider within the validity of its accreditation, the PhilHealth Konsulta provider shall inform eligible beneficiaries of the PhilHealth Konsulta provider and the concerned PRO one (1) month prior to closure and shall facilitate the transfer of eligible beneficiaries to another nearby accredited provider;
   f. In case of withdrawal, non-renewal, or suspension of the accreditation of the PhilHealth Konsulta provider, the PRO shall inform the eligible beneficiaries of the health provider and facilitate their transfer to another nearby PhilHealth Konsulta Provider; and,
   g. Any transfer and/or referral of eligible beneficiaries to another PhilHealth Konsulta Provider shall consider patient choice. Guidelines for payment in these cases shall be issued in Implementing Guidelines for PhilHealth Konsulta Package.

5. Within the first month of accreditation, the Konsulta Package provider shall have a fully functional PhilHealth signage compliant to the prescribed specifications. It shall be illuminated, if operating at night, for maximum visibility of beneficiaries and the general public. Failure to comply shall be a ground for suspension of accreditation.

6. PhilHealth Konsulta providers shall maintain a PhilHealth-certified electronic health information system.
   a. The PhilHealth Konsulta provider may contract a health information technology and electronic medical records (EMR) provider or develop their own electronic medical records and electronic claims system.
   b. They shall maintain an electronic copy of the patients' records which shall be made available to PhilHealth during its monitoring visits.
   c. The PhilHealth Konsulta provider shall be responsible for ensuring the fidelity of the information captured in their patient records and for creating appropriate safeguards to protect the patients' data from inappropriate and illegal access, deletion, and misuse. It shall also ensure patient privacy and confidentiality in compliance with Data Privacy Act (RA 10173).

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B. **Rules in Applying for Accreditation as a PhilHealth Konsulta Provider**

1. Interested health facilities shall:
   a. Follow the prescribed accreditation process (see Annex C, "Procedures and Documentary Requirements for Accreditation of PhilHealth Konsulta Providers").
   b. Submit their applications for accreditation as a PhilHealth Konsulta provider to the LHIO nearest to the facility:

2. Non-licensed health facilities shall undertake self-assessment (see Annex B, "Self-Assessment/Accreditation Survey Tool for PhilHealth Konsulta Provider"; Annex B.1, "Health Human Resource Survey Tool for PhilHealth Konsulta Provider"; Annex B.2, "Checklist of PhilHealth Konsulta Drugs and Its Preparations"; and Annex B.3, "Checklist of PhilHealth Konsulta Laboratories and Diagnostic Services") to determine their compliance to the standards for accreditation.

3. All PhilHealth Konsulta Providers must sign and submit a Non-disclosure Agreement to PhilHealth (See Annex E, "Non-disclosure Agreement")

4. Only health facilities fully compliant to the standards shall be given accreditation.

5. As an interim measure during pandemics and other disasters, PROs shall be granted the ability to require providers seeking accreditation to submit photos, videos, and/or other documents to support their application as an alternative measure to conducting physical facility visits. In addition, if technology permits, PROs may make use of video conferencing tools to conduct virtual facility visits.

C. **Validity of Accreditation of PhilHealth Konsulta Package Providers**

1. The accreditation of the DOH – licensed Konsulta Provider shall be valid for a maximum of three years starting from the date of compliance to the mandatory requirements for accreditation until December 31 two years later unless earlier withdrawn, suspended, or revoked based on the rules set by the Corporation.

2. The accreditation of non-licensed Konsulta provider shall be valid for one (1) year starting from the date of compliance to the mandatory requirements for accreditation until December 31 of the same year unless earlier withdrawn, suspended, or revoked based on the rules set by the Corporation.

D. **Monitoring and Evaluation**

1. PhilHealth Konsulta Providers shall be monitored in accordance with PhilHealth's Healthcare Provider Performance Assessment System (HCP-PAS).

2. Administrative data, such as audited financial statements, fund utilization, monthly census, and health human resource inventory shall also be made available to PhilHealth, when warranted.

E. **Annexes**

Annex A: Minimum Requirements for Accreditation of PhilHealth Konsulta Providers
Annex B: Self-Assessment/ Accreditation Survey Tool for PhilHealth Konsulta Provider
Annex B.1: Health Human Resource Survey Tool for PhilHealth Konsulta Provider
Annex B.2: Checklist of PhilHealth Konsulta Drugs and Its Preparations
Annex B.3: Checklist of PhilHealth Konsulta Laboratories and Diagnostic Services

Annex C: Procedures and Documentary Requirements for Accreditation of PhilHealth Konsulta Providers
Annex D.1: Certification of Service Delivery Support (Laboratory and Diagnostic Services)
Annex D.2: Certification of Service Delivery Support (Medicines)
Annex E: Non-disclosure Agreement

VI. PENALTY CLAUSE

Any violation of this circular, the terms and conditions of the Performance Commitment and all existing related PhilHealth circulars and directives shall be dealt with and penalized in accordance with the pertinent provisions of RA 11223 and RA 7875, as amended, and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

A. Applications for PhilHealth Konsulta accreditation for CY 2021 shall be accepted starting December 2020.

B. In the first two (2) quarters of 2021, the Corporation may pilot test the implementation of the Konsulta Package in the following identified sites namely:
   1. Provinces of:
      a. Bataan
      b. Biliran
      c. Eastern Samar
      d. Leyte
      e. Northern Samar
      f. Samar
      g. Sorsogon
      h. Southern Leyte
      i. South Cotabato
   2. Cities of:
      a. Ormoc
      b. Tacloban

C. The Konsulta Package providers in these pilot sites shall submit all the requirements mentioned in Annex C, including the application fee of P2,000. In the absence of the DOH LTO, the Corporation shall conduct survey of the health facility as provided in Section V.B.5 of this circular.

D. The program shall be expanded on the 3rd quarter of 2021 to other health facilities that are not included in the pilot sites and continuously expand thereafter until it is fully expanded nationally. They may submit their applications and other required documents starting December 2020 but shall not be required to pay the accreditation fee.

E. Physicians applying for accreditation as primary care physicians of PhilHealth Konsulta package shall submit a certificate of good standing (CGS) from the Philippine Medical Association.

They shall submit their application together with the application of the health facility. Their accreditation shall be valid from the date of full compliance to the requirements of accreditation up to three (3) consecutive years reckoned from the birthdate of the professional, unless sooner revoked, withdrawn or suspended.

F. Additional Primary Care Services

1. Health facilities with trained health professionals on family planning procedures - IUD and subdermal implant insertion may provide the said services and be reimbursed under the case-based payment system subject to existing guidelines of the respective benefit packages. They shall submit the required certificates of their health staff to PhilHealth.

2. Health facilities seeking accreditation to provide the PhilHealth Konsulta package are encouraged to also apply as providers for other benefits such as but not limited to the following: Maternal Care Package (MCP), TB-DOTS Package, Outpatient HIV Antiviral Treatment (OHAT) Package, and Animal Bite Treatment (ABT) Package.

3. As a baseline assessment for these services, providers shall accomplish the self-assessment tool for these services. (see Annex B, "Self-Assessment/ Accreditation Survey Tool for PhilHealth Konsulta Provider")

G. Information Requirements and System

1. PhilHealth shall provide an interim electronic reporting system in pilot areas.

2. Konsulta Package providers in the expansion areas shall have a PhilHealth certified primary care electronic information system. The information technology infrastructure of the health facilities must have the capability of operating the electronic reporting system. The system shall be used for health data encoding and reporting.

3. This system shall be periodically upgraded to address operational concerns such as, but not limited to portability, etc.

H. Portability issues during the pilot areas implementation

These issues shall be addressed accordingly with the assistance of the local government unit (LGU) concerned.

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VIII. SEPARABILITY CLAUSE

In the event that a section or a provision of this policy is declared unconstitutional or rendered invalid by Court of Law or competent authority, provisions not affected by such declaration shall remain in full force and in effect.

IX. REPEALING CLAUSE

This policy repeals the provisions relating to accreditation in the following issuances:

1. PhilHealth Circular No. 2019-0003: Expansion of the Primary Care Benefit (EPCB) to Cover Formal Economy, Lifetime Members and Senior Citizens (Revision 1).

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2. PhilHealth Circular No. 010 s. 2012: Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB1) Package for Transition Period CY 2012-2013.
3. PhilHealth Circular no. 015 s. 2014: Primary Care Benefit 1 (PCB 1) now called "Tsekap" Package Guidelines for CY 2014.
4. PhilHealth Circular no. 2 s. 2015: governing Policies on the Expanded Primary Care Benefit Package: Tamang Serbisyo sa Kalusugan ng Pamilya (Tsekap)
5. PhilHealth Circular No. 21 s. 2007: Three-in One (3-1) Accreditation.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately upon publication in a newspaper of general circulation. Further, this Circular shall be deposited thereafter with the Office of the National Administrative Register at the University of the Philippines Law Center.

ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer

Date signed: 12/16/2020

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ANNEX A.
MINIMUM REQUIREMENTS FOR ACCREDITATION OF PHILHEALTH KONSULTA PROVIDERS

I. Service Capability
   A. Ability to conduct preventive/screening services and health education
      1. Consultation
      2. Blood pressure and vital signs measurements
      3. Clinical breast examination
      4. Digital rectal examination
      5. Risk profiling for hypertension and diabetes

   B. Capable of providing services for required laboratory and radiologic services (See Annex B.3, "Checklist of PhilHealth Konsulta Laboratories and Diagnostic Services")[1]

   C. Capability to dispense required medicines (See Annex B.2, "Checklist of PhilHealth Konsulta Drugs and Its Preparations")[2]

II. Technical Standards
   A. General Infrastructure
      1. Clear sign bearing the name of the health facility
      2. Signage, that is illuminated at night, as applicable, indicating:[3]
         a. It is a PhilHealth Konsulta provider;
         b. PhilHealth Konsulta facility operating hours; and,
         c. Available services with corresponding fees/co-payment schedule and maximum co-payment cap (if applicable), posted in a conspicuous area in the consultation room/area.
      3. Generally clean environment, with prohibition for smoking
      4. Adequate lighting and electric supply
      5. Adequate clean water supply
      6. Sufficient seating for patients in a well-ventilated area
      7. Consultation area with:
         a. Structures for assuring that patients' privacy is respected; and,
         b. Provision for an examination area
      8. Functional Toilet
      9. Adequate signage for entrance and exit
      10. Fire safety provisions
      11. Non-slippery floors
      12. Safe storage of laboratory reagents, if applicable
      13. Has adequate infection control and risk management, including:
         a. Availability of a sink, with adequate water and soap for handwashing
         b. Use of puncture proof receptacles for disposed sharps and needles
         c. Use of gloves, masks

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[1] may be outsourced
[2] may be outsourced
[3] Complied within one month after approval of accreditation

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d. Staff observes handwashing techniques
e. Area for cleaning instruments
f. Properly segregated and marked waste bins
g. Well ventilated sputum collection area, if applicable

B. Infection control and prevention during pandemics
Compliance to the minimum health requirements for Outpatient Primary Care as defined by DOH (See A.O. 2020-0016 , "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies"; and See Annex B, "Minimum Health Requirements for Health Settings"). These include:
a. Availability and encouraging the use of personal hygiene inputs (e.g. soap and water, hand disinfectants, etc.)
b. Observation of Environmental hygiene (e.g. disinfecting surfaces and objects)
c. Physical distancing requirements
d. Requirement on wearing cloth mask for general public and/ or surgical mask for symptomatic individuals
e. Requirement on wearing medical grade protective apparel for health care workers
f. Requirements on engineering control and administrative control, as applicable

C. Equipment and Supplies
1. Standard
a. Non-mercurial BP apparatus
b. Non-mercurial thermometer
c. Stethoscope
d. Weighing scale (adult)
e. Weighing scale (infant)
f. Tape measure
g. Nebulizer
h. Sterilizer or its equivalent
i. Lubricating jelly
j. Disposable gloves
k. Decontamination solutions
l. 70% Isopropyl alcohol
m. Sterile cotton balls/ swabs
n. Storage cabinet for sterile instruments and supplies

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2. Diagnostic and Laboratory[4]
a. Disposable needles and syringes
b. Applicator stick
c. Specimen cups
d. Vaginal speculum (big)
e. Vaginal speculum (small)
f. Glass slides
g. Glucometer with compatible glucometer strips
h. Electrocardiogram machine with paper and its peripherals

III. Human Resource (See VI. Transitory Provision Letter K)
A. The following health human resources should have valid PRC licenses for the period of their accreditation:

[4] not required if diagnostics are outsourced

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1. Full-time or full-time equivalent Physician (1:20,000 beneficiaries) – PhilHealth accredited
2. Two (2) support staff - a nurse and another allied medical staff, either a nurse or a midwife.

IV. Functional Health Information System

A. Installation of PhilHealth-certified Electronic Medical Record (EMR)
B. Complete and functional computer set-up with the following specifications:
   1. OS Supported: Win7 x64, Win7 x32, Win10 x32, Win10 x64, Windows 10
   2. Memory: Minimum 64MB RAM
   3. Storage Capacity: Minimum 500GB
   4. printer
   5. face capturing device (e.g. webcam/mobile phones)
C. Back-up for interruptions in power supply such as generator or offline compatible solution
D. Individual health profiles in EMR or equivalent

V. Documentary Requirements

A. Updated Mayor/business permit/PTR of Primary Care Physician or Department of Health (DOH) License of the PhilHealth Konsulta provider
B. Updated DOH license of laboratory services of the PhilHealth Konsulta provider or referral facility
C. Updated DOH license of radiologic services of the PhilHealth Konsulta provider or referral facility
D. Updated DOH license of pharmacy services of the PhilHealth Konsulta provider or referral facility
E. Certificate/s of Service Delivery Support (if applicable) (see Annex D.1 and D.2, "Certification of Service Delivery Support (Laboratory and Diagnostic Services)" and "Certification of Service Delivery Support (Medicines)")
F. Signed performance commitments of the PhilHealth Konsulta Provider and Primary Care Workers
G. Training certificate on Direct Sputum Smear Microscopy (DSSM)[5]
H. Schedule of duties
I. Emergency preparedness plans (exit, evacuation plans)
J. Adequate and appropriate information materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as anti-smoking, and promotion of proper diet, exercise, immunization, and proper infection controls.

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[5] may be complied within three (3) months upon accreditation

Annex B. Self-Assessment/Accreditation Survey Tool for PhilHealth Konsulta Provider

Name of Facility: _____
Address: _____
_____

National Health Facility Registry Code Short (Optional): _____

Longitude _____ **Latitude** _____

Ownership of Health Facility: O Government O Private

Catchment Population: _____

Date of Assessment: (MM/DD/YY):_____

Type of Health Facilities:
O OPD of PhilHealth accredited L1, L2, and L3 hospital
O Infirmary
O Ambulatory surgical clinic
O Rural Health Units/Health Center
O Medical outpatient clinic
O Others:_____

MINIMUM ACCREDITATION REQUIREMENTS	Applicant		PhilHealth Surveyor	REMARKS
	Please check (√) the box corresponding to your answer		Please mark with check (√) if present (indicate evidence provided: photos, videos/ virtual observation), or mark with X if absent	
	Yes	No		
1.1 DOH license as a Primary care facility; OR 1.2 Mayor's/Business Permit* OR 1.3 PTR of professional (head of facility)[1] 1.4 Signed performance commitment				DOH LTO No. _____
2.1. Qualified Health Human Resource employed or contracted by the facility for its catchment population (Annex B.1 2.1.a Copy of license/s (if applicable) 2.1.b Certification of Employment/Contract Arrangement 2.1.c. Signed performance commitments 2.2. Schedule of duties				
2.3 A microscopist trained in Direct Sputum Smear Microscopy (DSSM) is on site on designated schedules.**				

[1] not required for RHUs

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2.2.a. A Certificate of Training for DSSM is given separate for a microscopist, who may not necessarily be a medical technologist[2].				
3.1 Adequate and Safe General Infrastructure of Facility (Provide evidence: Photos, videos, virtual observation) 3.1.a Clear sign bearing the name of the health facility 3.1.b Signage, that is illuminated at night, as applicable, indicating ** 3.1.b.1 it is a PhilHealth Konsulta provider 3.1.b.2. PhilHealth Konsulta facility operating hours 3.1.b.3. Available services with corresponding fees/co-payment schedule and maximum co-payment cap (if applicable), posted in a conspicuous area in the consultation room/area 3.1.c Generally clean environment, with prohibition for smoking 3.1.d Adequate lighting and electric supply 3.1.e Adequate clean water supply 3.1.f Sufficient seating for patients in a well-ventilated area 3.1.g Consultation area 3.1.g.1. with structures for assuring that patients' privacy is respected 3.1.g.2. available Examination area, separate from consultation area 3.1.h Functional Toilet 3.1.i Adequate signages for entrance and exit 3.1.j Fire safety provision 3.1.k Non-slippery floors 3.1.l Safe storage of laboratory reagents, if applicable 3.1.l Emergency preparedness plans (exit, evacuation plans) **To be completed within one month after approval of accreditation				If any ONE of the items is missing, mark NO.
3.2 There is adequate infection control and risk management,				If any ONE of the items is

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[2] Ask for the DSSM Certificate of the microscopist. The requirements for a trained medical technologist and radiology technician are deemed complied with if the facility has a DOH license for laboratory, and radiology, respectively. If the microscopist is a shared resource across several facilities, the facility must be able to show proof that the microscopist has a regular schedule for DSSM services. If the sputum is collected in other laboratory, the facility must be able to present a Certificate of Service Delivery Support.

including: 3.2.a. Availability of a sink, with adequate water and soap for handwashing 3.2.b. Use of puncture proof receptacles for disposed sharps and needles 3.2.c. Use of gloves, masks 3.2.d. Staff observes handwashing techniques 3.2.e. Area for cleaning instruments 3.2.f. Properly segregated and marked waste bins 3.2.g Well ventilated sputum collection area, if applicable				missing, mark NO.
3.3. There is adequate pandemic control and prevention measures in place in compliance to the DOH AO 2020-0016 "Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies", including: 3.3.c. Availability and encouraging the use of personal hygiene inputs (e.g. and water, hand disinfectants, etc.) 3.3.d. Observation of Environmental hygiene (e.g. disinfecting surfaces and objects) 3.3.e. Has physical distancing requirements 3.3.f. Requirement on wearing cloth mask for general public and/ or surgical mask for symptomatic individuals 3.3.g. Requirement on wearing medical grade protective apparel for health care workers 3.3.h. Requirements on engineering control and administrative control, as applicable (See Annex B of DOH AO 2020-0016)				
4.1 Has the basic equipment and supplies for required services, including: 4.1.a. Non-mercurial BP apparatus 4.1b. Non-mercurial thermometer 4.1c. Stethoscope 4.1d. Weighing scale (adult) 4.1e. Weighing scale (infant) 4.1f. Tape measure 4.1g. Nebulizer 4.1.h. Sterilizer or its equivalent (auto clave) 4.1.i. Lubricating jelly 4.1.j. Disposable gloves				If any ONE of the items is missing, mark NO.

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4.1.k. Decontamination solutions 4.1.l. 70% Isopropyl alcohol 4.1.m. Sterile cotton balls/ swabs 4.1.n. Storage cabinet for sterile instruments and supplies 4.1.o. Vaginal speculum (big)* 4.1.p. Vaginal speculum (small)* 4.1.q. Disposable needles and syringes* 4.1.r. Applicator stick* 4.1.s. Specimen cups/bottles* 4.1.t. Glass slides* 4.1.u. Glucometer* 4.1.v. Electrocardiogram machine with paper and its peripherals * Optional if diagnostic services are outsourced				
5.1 Capable of providing services for required laboratory and diagnostic services (Annex B.3) 5.1.a DOH Laboratory License 5.1.b DOH License for X-ray 5.1.c MOA with Facility * OR 5.1.d Certificate of Service Delivery Support (Annex D.1 or D.2) * * if outsourced				
6.1 Availability of PhilHealth Konsulta medicines (see Annex B.2) 6.1.a FDA License of primary care facility/ partner drug-outlet 6.1.b MOA with Facility * OR 6.1.c Certificate of Service Delivery Support (Annex D.1 or D.2) * * if outsourced				
7.1 Adequate and appropriate information materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as anti-smoking, and promotion of proper diet, exercise, immunization, and infection and pandemic control				
8.1 Functional Health Information System 8.1.a Installation of PhilHealth-certified Electronic Medical Record (EMR) 8.1.b Internet connectivity compatible with chosen certified				

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EMR 8.1.c Complete and functional computer set-up with the following specifications: 8.1.c.1 OS Supported: Win7 x64, Win7 x32, Win10 x32, Win10 x64, Windows 10 8.1.c.2 Memory: Minimum 64MB RAM 8.1.c.3. Storage Capacity: Minimum 500GB 8.1.c.4 Printer 8.1.c.5 Face capturing device (e.g. webcam/mobile phones) 8.1.d Back-up for interruptions in power supply such as generator or offline compatible solution 8.1.e Individual health profiles in EMR or equivalent				
OTHER REQUIREMENTS *(These are input requirements which must be complied with while under accreditation but will not be used as a basis for deny ing initial accreditation.)*	Applicant Please check (√) the box corresponding to your answer Yes	 No	PhliHealth Surveyor Please mark with check (√) if present (indicate evidence provided: document copies, photos, videos/ virtual observation), or mark with X if absent	REMARKS
9.1 Policy on service hours including extended service hours to accommodate patient needs and rules for relievers.				
9.2 Policy and procedures for referral of patients to higher level of care, when needed.				
9.3 Policy on referral of patients to other health services				
9.4 Policy on transfer of registrants in case of withdrawal/suspension of accreditation or closure of the health facility				
9.5 Policies and procedures on supply chain management, inventory and stock-out				
10.1 Monthly and annual report of PhilHealth Konsulta services availed by eligible beneficiaries				
10.2 Record of drug supply inventory				
10.3 Record of laboratory supplies inventory (if in-house)				
10.4 Record of radiology supplies inventory (if in-house)				
10.5 Record of submission of Notifiable diseases (per DOH AO No. 2008-0009 "Adopting the 2008 Revised List of Notifiable Diseases, Syndromes, Health-Related Events and Conditions") for hospital and infirmaries or Top 10 outpatient cases for other HCIs				

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ADDITIONAL INFORMATION ON OTHER PRIMARY CARE SERVICES *(These items are not requirements for accreditation of Konsulta Provider. They are being asked for purposes of mapping the availability of Konsulta Providers providing other primary care services)*	Applicant Please check (√) the box corresponding to your answer Yes	 No	PhilHealth Surveyor Please mark with check (√) if present (indicate evidence provided: document copies, photos, videos/ virtual observation), or mark with X if absent	REMARKS
Provision of Ante-Natal Care				
A. Provision of Ante-Natal Care				
1. Screening Tests and Additional Laboratories				
a. Pregnancy Test b. Screening for Syphilis c. Screening for Hepatitis B (HBsAg) d. Screening for HIV e. Blood typing				
2. Vaccinations, Micronutrients and other Medicines				
a. Tetanus –Diptheria (Td) vaccines b. Iron with Folic acid supplementation c. Calcium Carbonate Tablets d. Iodine supplementation e. Albendazole or Mebendazole tablets				
3. Birth planning and Health Education				
a. Mother and Child Book b. Mothers education on 1. Nutrition 2. Early and exclusive breastfeeding 3. Smoking cessation and avoidance of alcohol and drugs 4. Personal hygiene 5. Family planning 6. Newborn care Source: DOH Implementation Guidelines of A.O. 2016-0035				
B. Provision of Family Planning Services				
1. DOH Certified as Free Standing Family Planning Clinic				
2. Training of Staff				
a. FPCBT Level II or Comprehensive Family Planning b. Post-partum IUD Insertion c. Subdermal Implant Insertion and Removal d. No-Scalpel Vasectomy				
3. Equipment and Supplies				
a. Examination table with Kelly pad b. Gooseneck lamp c. Instrument table and tray d. Instruments: 1. Bivalve speculum 2. Uterine sound 3. Mayo scissors 4. Sponge forceps 5. Bozeman or alligator forceps 6. Mosquito forceps 7. Scalpel with handle blade 8. NSV ringed clamp 9. NSV dissecting forceps				

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10. Iris scissors e. Supplies: 1. Subdermal implant 2. IUD 3. Lidocaine 4. Suture 5. Sterile gloves 6. Disposable syringes 7. Combined oral contraceptive pills 8. Progestin only pills 9. DMPA vials Source: DOH AO 2017-002				
4. Special Areas				
4.1 Scrub area 4.2 Area for cleaning, sterilization and high level disinfection				
C. Provision of TB Treatment and Management				
1. Alignment of treatment policies with National TB Control Program				
a. DOH Certification as TB DOTS Facility b. Referral Arrangement with TB DOTS Clinic c. Reporting to TB Notification System				
2. Laboratory Tests				
a. GeneX-pert				
3. Drugs and Medicines				
a. HRZE (Fixed dose combination) tablets b. HR (Fixed dose combination) tablets				
4. Special areas				
a. handwashing area b. sputum collection area c. infection control procedures				
D. Provision for Malaria Care				
1. Training of staff				
a. Microscopy for Malaria b. Rapid Diagnostic Test (RDT)				
2. Laboratory Tests				
a. Rapid diagnostic test b. Microscopy				
E. Provision of HIV Screening				
1. Training of staff on HIV Counseling 2. HIV Screening Kit				

Prepared by: _____

_____

(Designation)

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Attested correct by: _____

_____

Head of Facility/ Medical Director/ Chief of Hospital

(Signature over printed name and date signed)

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Annex B.1 Health Human Resource Survey Tool for PhilHealth Konsulta Provider

Name of facility: _____ Date of Assessment: (MM/DD/YY)_____
Address: _____

A. Physician: Total Number: ____ Total Number of Hours per Week: _____

Name	PhilHealth Member (Y/N)	Accreditation Number	Accreditation validity	PRC Lic #	Date of Expiry	Total Number of Hours per Week

B. Nurse Total Number: ____

Name	PhilHealth Member (Y/N)	License Number	Date of Expiry

C. Midwife Total Number: ____

Name	PhilHealth Member (Y/N)	License Number	Date of Expiry

Prepared by: _____ Attested correct by: _____

_____ _____

(Designation) Head of Facility/ Medical Director/ Chief of Hospital
(Signature over printed name and date signed)

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Annex B.2 Checklist of PhilHealth Konsulta Drugs and Its Preparations

	Amlodipine	10 mg Tablet (As Besilate)		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	125 mg amoxicillin (as trihydrate) + 31 mg potassium clavulanate per 5 mL granules/powder for suspension, 30 mL
	Amlodipine	5 mg Tablet (As Besilate)		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	125 mg amoxicillin (as trihydrate) + 31 mg potassium clavulanate per 5 mL granules/powder for suspension, 60 mL
	Amoxicillin	125 mg/5mL, 60 mL Suspension		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	200 mg amoxicillin (as trihydrate) + 28.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
	Amoxicillin	250 mg/5mL, 60 mL Suspension		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 62.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 60 mL
	Amoxicillin	250 mg Capsule		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 62.5 mg potassium clavulanate per 5 mL granules/powder for susp, 100 mL
	Amoxicillin	500 mg Capsule		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 30 mL
	Amoxicillin	100 mg/mL, 10 mL Drops		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
	Aspirin	80 mg enteric-coated tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim tablet
	Asprin	100 mg enteric-coated tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim capsule
	Chlorphenamine	4 mg Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	800 mg sulfamethoxazole + 160 mg trimethoprim tablet
	Chlorphenamine	2.5 mg/5mL syrup, 60 mL		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 30 mL Bottle
	Ciprofloxacin	250 mg Tablet (as HCl)		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 60 mL Bottle
	Ciprofloxacin	500 mg Tablet (as HCl)		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 70 mL Bottle
	Clarithromycin	250 mg base Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5 mL suspension 100 mL Bottle
	Clarithromycin	500 mg base Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim/5mL suspension 30mL Bottle
	Clarithromycin	500 mg MR tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim/5mL suspension 60mL Bottle
	Clarithromycin	125 mg/5 mL granules/powder for suspension, 60 mL		Enalapril	5 mg Tablet (As Maleate)
	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Enalapril	10 mg Tablet (As Maleate)
	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	500 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Fluticasone + Salmeterol	Inhalation: DPI 100 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses with appropriate accompanying dispenser
	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Fluticasone + Salmeterol	Inhalation: DPI 100 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser

	Fluticasone + Salmeterol	Inhalation: DPI 250 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses and with appropriate accompanying dispenser		Prednisone	10 mg Tablet
	Fluticasone + Salmeterol	Inhalation: DPI 500 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser		Prednisone	10 mg /5 mL, 60 mL Suspension
	Fluticasone + Salmeterol	Inhalation: DPI 250 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser		Prednisone	20 mg Tablet
	Fluticasone + Salmeterol	Inhalation: DPI 500 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses with appropriate accompanying dispenser		Prednisone	5 mg Tablet
	Gliclazide	30 mg MR Tablet		Salbutamol	2 mg tablet (as sulfate)
	Gliclazide	80 mg MR Tablet		Salbutamol	4 mg MR tablet (as sulfate)
	Hydrochlorothiazide	12.5 mg Tablet		Salbutamol	8 mg MR tablet (as sulfate)
	Hydrochlorothiazide	25 mg Tablet		Salbutamol	2 mg/5 mL syrup, 60 mL (as sulfate)
	Hydrochlorothiazide	50 mg Tablet		Salbutamol	MDI: 100 micrograms/dose x 200 doses (as sulfate)
	Losartan	50 mg Tablet (as potassium salt)		Salbutamol	Breath-Actuated MDI (authohaler): 100 micrograms/dose x 400 doses (as sulfate)
	Losartan	100 mg Tablet (as potassium salt)		Salbutamol	Resp. Soln. (for nebulization): 1 mg/mL, 2.5 mL unit dose (as sulfate)
	Metformin Hydrochloride	500 mg Tablet (As Hydrochloride)		Salbutamol	Resp. Soln. (for nebulization): 5 mg/mL, 10 mL multidose (as sulfate)
	Metformin Hydrochloride	850 mg Tablet (As hydrochloride)		Salbutamol	Resp. Soln. (for nebulization): 5 mg/mL, 20 mL multidose (as sulfate)
	Metoprolol	50 mg Tablet (As Tartrate)		Salbutamol (as Sulfate) + Ipratropium	Inhalation: MDI 21 micrograms ipratropium (as bromide) + 120 micrograms salbutamol x 200 doses x 10 mL
	Nitrofurantoin	50 mg Capsule		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)
	Nitrofurantoin	100 mg Capsule		Simvastatin	10 mg Tablet
	Oral Rehydration Salts	20.5 g Sachet		Simvastatin	20 mg Tablet
	Paracetamol	300 mg tablet		Simvastatin	40 mg Tablet
	Paracetamol	500 mg tablet		Simvastatin	80 mg Tablet
	Paracetamol	120 mg (125 mg)/5 mL syrup/suspension, 60 mL (alcohol-free)			

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	Paracetamol	250 mg/5 mL syrup/suspension, 60 mL (alcohol-free)			
	Paracetamol	100 mg/mL drops, 15 mL (alcohol-free)			

Annex B.3 Checklist of PhilHealth Konsulta Laboratories and Diagnostic Services

Name of Facility: _____
Address: _____
Date of Assessment: (MM/DD/YY)_____
Address: _____

Name of Referral Facility (if applicable): _____ License Number: _____
Type of Health Facilities: O PhilHealth accredited L1, L2, and L3 hospitals O Laboratory
Ownership of Health Facility: O Government O Private
* If multiply, attach additional sheets

List of PhilHealth Konsulta Laboratory and Diagnostic Services

Y	N	Diagnostic	Remarks
		CBC w/ platelet count	
		Urinalysis	
		Fecalysis	
		Sputum Microscopy	
		Fecal Occult Blood	
		Pap smear	
		HBA1C	
		Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)	
		FBS or RBS	
		Oral Glucose Tolerance Test	
		Creatinine	
		ECG	
		Chest X-Ray	

Prepared by: _____
_____
(Designation)
Attested correct by: _____
Head of Facility/ Medical Director/ Chief of Hospital
(Signature over printed name and date signed)

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Annex C. Procedures and Documentary Requirements for Accreditation of PhilHealth Konsulta Providers

I. **Documentary Requirements (Primary Care Physician)**

The applicant primary care physician shall submit all of the following requirements:

1. Completely filled-out Provider Data Record
2. Performance Commitment for health care professionals
3. Photocopy of the updated PRC ID card
4. Proof of assignment in the primary care facility

II. **Documentary Requirements (PhilHealth Konsulta facility)**

The applicant provider shall submit all of the following requirements:

1. Certified True Copy of the updated DOH LTO as a primary care facility
2. Provider Data Record (PDR) – completely filled-out
3. Performance Commitment (PC) for PhilHealth Konsulta Provider – signed by the two (2) authorized representatives:
   a. Government owned facility
      i. If there is only one (1) health facility: City/Municipal/Provincial Health Officer and Local Chief Executive for government facilities.
      ii. If more than one (1) facility: Head of all the facilities (such as Rural Health Physician) and the Local Chief Executive.
   b. Private facilities: Head of the Facility and Chief Executive, President, Director or equivalent.
4. Certified True Copy of updated licenses for Hospitals, Infirmaries, Ambulatory Surgical Clinics (ASCs) Dialysis Clinics (DCs) and primary care facility
5. For non-licensed private primary care clinics – Certified True Copies of any of the following as applicable: Business/Mayor's permit or updated Professional tax receipt (based on DILG Memorandum Circular No. 2016 – 170) and updated licenses of laboratory/x-ray/ drug-outlet.
6. Certification of Service Delivery Support for the following referred services
   a. (Annex D) – as applicable: DOH-licensed Secondary Laboratory service
   b. DOH-licensed Level 1 X-ray service
   c. FDA-licensed primary care facility/ partner drug-outlet
   d. Electrocardiogram (ECG) service
7. Proof of payment of Accreditation Fee (P2,000.00)
8. Non-disclosure agreement (NDA) signed by all staff in the PhilHealth Konsulta facility (Annex E).
9. Self-assessment tool (SAT) (Annex B, Self-Assessment/ Accreditation Survey Tool for PhilHealth Konsulta Provider)- completely filled-out
10. Photos and/or videos of all requirements identified in the Technical Standards for PhilHealth Konsulta Providers, as required by the PRO (see Annex A, "Minimum Requirements for Accreditation of PhilHealth Konsulta Providers"

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III. **Accreditation Process**

1. All health facilities with intention to be PhilHealth Konsulta providers shall conduct self-assessment to determine compliance to the set of standards for the package.
2. All health facilities that are qualified to provide the PhilHealth Konsulta package shall apply by filling up the Provider Data Record (PDR) and submitting the other documentary requirements enumerated above.
3. Accreditation documents shall be submitted to the LHIO. These shall be screened for completeness. Incomplete applications shall **not** be accepted.
4. Applicant shall pay the accreditation fee, as applicable.
5. For non-licensed health facilities, the PhilHealth Regional Office (PRO) will conduct a pre-accreditation survey to validate compliance to all standards for accreditation.
6. The PRO shall evaluate and approve/deny the application for accreditation based on Annex A Minimum Requirements for Accreditation of PhilHealth Konsulta Providers.
7. Approved applicant shall be issued a Certificate of Accreditation.
8. Accreditation of PhilHealth Konsulta providers shall start on the date that they fully complied with the requirements of accreditation and end on December 31 of the same calendar year.

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Letterhead of the referral facility

ANNEX D.1

CERTIFICATION OF SERVICE DELIVERY SUPPORT

(Laboratory and Diagnostic Services)

This is to certify that our institution is PhilHealth accredited/DOH licensed and is contracted referral facility and/or service provider in behalf of (Name of referring facility) for the PhilHealth Konsulta Package from (period of engagement). As a Service Delivery partner, we shall provide the following services:

- ○ Laboratory
  - ○ CBC w/ Platelet count
  - ○ Fasting or Random Blood Sugar
  - ○ Fecal Occult Blood
  - ○ Fecalysis
  - ○ Lipid Profile
  - ○ HbA1c
  - ○ Oral Glucose Tolerance Test (OGTT)
  - ○ Pap Smear/VIA
  - ○ Sputum Microscopy
  - ○ Urinalysis
  - ○ Creatinine
- ○ Diagnostic
  - ○ Chest X-Ray
  - ○ ECG

Further, this institution shall not charge any fees directly from the referred patient but shall create the billing and payment arrangement with (Name of referring facility) for services provided.

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

CERTIFIED BY:

Referral Facility

_____

Medical Director/Administrative Officer
Signature over printed name and designation

Date Signed: _____

CONCURRED BY:

Referring Facility

_____

Medical Director/Administrative Officer
Signature over printed name and designation

Date Signed: _____

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LOGO

Letterhead of the referral facility

Annex D.2

CERTIFICATION OF SERVICE DELIVERY SUPPORT

(Medicines)

This is to certify that our institution is FDA licensed and is contracted referral facility and/or service provider in behalf of **(Name of referring facility)** for the PhilHealth Konsulta Package from **(validity period)**. As a Service Delivery partner, we shall provide the following services:

○ All PhilHealth Konsulta Drugs ○ Specific Drug/s (please check)

	Amlodipine	10 mg Tablet (As Besilate)		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	125 mg amoxicillin (as trihydrate) + 31 mg potassium clavulanate per 5 mL granules/powder for suspension, 30 mL
	Amlodipine	5 mg Tablet (As Besilate)		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	125 mg amoxicillin (as trihydrate) + 31 mg potassium clavulanate per 5 mL granules/powder for suspension, 60 mL
	Amoxicillin	125 mg/5mL, 60 mL Suspension		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	200 mg amoxicillin (as trihydrate) + 28.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
	Amoxicillin	250 mg/5mL, 60 mL Suspension		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 62.5 mg potassium clavulanate per 5 mL granules/powder for suspension, 60 mL
	Amoxicillin	250 mg Capsule		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 62.5 mg potassium clavulanate per 5 mL granules/powder for susp, 100 mL
	Amoxicillin	500 mg Capsule		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 30 mL
	Amoxicillin	100 mg/mL, 10 mL Drops		Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	400 mg amoxicillin (as trihydrate) + 57 mg potassium clavulanate per 5 mL granules/powder for suspension, 70 mL
	Aspirin	80 mg enteric-coated tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim tablet
	Asprin	100 mg enteric-coated tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim capsule
	Chlorphenamine	4 mg Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	800 mg sulfamethoxazole + 160 mg trimethoprim tablet
	Chlorphenamine	2.5 mg/5mL syrup, 60 mL		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 30 mL Bottle
	Ciprofloxacin	250 mg Tablet (as HCl)		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 60 mL Bottle
	Ciprofloxacin	500 mg Tablet (as HCl)		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5mL suspension 70 mL Bottle
	Clarithromycin	250 mg base Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	200 mg sulfamethoxazole + 40 mg trimethoprim/5 mL suspension 100 mL Bottle
	Clarithromycin	500 mg base Tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim/5mL suspension 30mL Bottle
	Clarithromycin	500 mg MR tablet		Cotrimoxazole (Sulfamethoxazole + Trimethoprim)	400 mg sulfamethoxazole + 80 mg trimethoprim/5mL suspension 60mL Bottle
	Clarithromycin	125 mg/5 mL granules/powder for suspension, 60 mL		Enalapril	5 mg Tablet (As Maleate)
	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	250 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Enalapril	10 mg Tablet (As Maleate)
	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	500 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Fluticasone + Salmeterol	Inhalation: DPI 100 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses with appropriate accompanying dispenser

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	Co-Amoxiclav (Amoxicillin + Potassium Clavulanate)	875 mg amoxicillin (as trihydrate) + 125 mg potassium clavulanate per tablet		Fluticasone + Salmeterol	Inhalation: DPI 100 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser
	Fluticasone + Salmeterol	Inhalation: DPI 250 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses and with appropriate accompanying dispenser		Prednisone	10 mg Tablet
	Fluticasone + Salmeterol	Inhalation: DPI 500 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser		Prednisone	10 mg /5 mL, 60 mL Suspension
	Fluticasone + Salmeterol	Inhalation: DPI 250 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 60 doses with appropriate accompanying dispenser		Prednisone	20 mg Tablet
	Fluticasone + Salmeterol	Inhalation: DPI 500 micrograms fluticasone (as propionate) + 50 micrograms salmeterol (as xinafoate) x 28 doses with appropriate accompanying dispenser		Prednisone	5 mg Tablet
	Gliclazide	30 mg MR Tablet		Salbutamol	2 mg tablet (as sulfate)
	Gliclazide	80 mg MR Tablet		Salbutamol	4 mg MR tablet (as sulfate)
	Hydrochlorothiazide	12.5 mg Tablet		Salbutamol	8 mg MR tablet (as sulfate)
	Hydrochlorothiazide	25 mg Tablet		Salbutamol	2 mg/5 mL syrup, 60 mL (as sulfate)
	Hydrochlorothiazide	50 mg Tablet		Salbutamol	MDI: 100 micrograms/dose x 200 doses (as sulfate)
	Losartan	50 mg Tablet (as potassium salt)		Salbutamol	Breath-Actuated MDI (authohaler): 100 micrograms/dose x 400 doses (as sulfate)
	Losartan	100 mg Tablet (as potassium salt)		Salbutamol	Resp. Soln. (for nebulization): 1 mg/mL, 2.5 mL unit dose (as sulfate)
	Metformin Hydrochloride	500 mg Tablet (As Hydrochloride)		Salbutamol	Resp. Soln. (for nebulization): 5 mg/mL, 10 mL multidose (as sulfate)
	Metformin Hydrochloride	850 mg Tablet (As hydrochloride)		Salbutamol	Resp. Soln. (for nebulization): 5 mg/mL, 20 mL multidose (as sulfate)
	Metoprolol	50 mg Tablet (As Tartrate)		Salbutamol (as Sulfate) + Ipratropium	Inhalation: MDI 21 micrograms ipratropium (as bromide) + 120 micrograms salbutamol x 200 doses x 10 mL
	Nitrofurantoin	50 mg Capsule		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)
	Nitrofurantoin	100 mg Capsule		Simvastatin	10 mg Tablet
	Oral Rehydration Salts	20.5 g Sachet		Simvastatin	20 mg Tablet
	Paracetamol	300 mg tablet		Simvastatin	40 mg Tablet
	Paracetamol	500 mg tablet		Simvastatin	80 mg Tablet
	Paracetamol	120 mg (125 mg)/5 mL syrup/suspension, 60 mL (alcohol-free)			
	Paracetamol	250 mg/5 mL syrup/suspension, 60 mL (alcohol-free)			
	Paracetamol	100 mg/mL drops, 15 mL (alcohol-free)			

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Further, this institution shall not charge any fees directly from the referred patient but shall create the billing and payment arrangement with (Name of referring facility) for services provided.

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

CERTIFIED BY:
Referral Facility
Head/Owner
Signature over printed name and designation

Date Signed: _____

CONCURRED BY:
Referring Facility
Medical Director/Administrative Officer
Signature over printed name and designation

Date Signed: _____

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Head - Designate, RELMS
Date: DEC 23 2020
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Annex E.

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph

UNIVERSAL HEALTH CARE

NON-DISCLOSURE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Agreement entered into by and between:

The **PHILIPPINE HEALTH INSURANCE CORPORATION**, a Government Owned and Controlled Corporation duly organized and existing by virtue of Republic Act 7875 otherwise known as the National Health Insurance Act of 1995, with principal office address at No. 709, City State Center Bldg., Shaw Blvd., Pasig City, duly represented herein by **(end user – third level officer of concerned unit)** and hereinafter referred to as the **"Disclosing Party"**;

-and-

(Third Party) with principal office address at **(business address of third party)**, duly represented herein by its **(designation and name of representative of third party)**, and hereinafter referred to as the **"Receiving Party"**.

-WITNESSETH-

The Receiving Party desires to participate in the study/research/discussions regarding **(name of study/research/discussions)**, hereinafter known as the **"Transaction"**. In the course of conducting the transaction, Disclosing Party may share certain proprietary and confidential information with the Receipient. Therefore, In consideration of the mutual promises and covenants contained in this Agreement, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Definition of Confidential Information**

   (a) For purposes of this Agreement, **"Confidential Information"** means any data or information that is proprietary to the Disclosing Party and not generally known to the public, whether in tangible and intangible form, whenever and however disclosed, including, but not limited to:

   (1) any marketing strategies, plans, financial information, or projections, operations, sales estimates, business plans, and performance results relating to the past, present or future business activities of such party, its affiliates, subsidiaries and affiliated and/or contracting agencies/organizations/LGUs/companies;

   (2) plans for products or services, and membership/healthcare provider/supplier/ contractor/accredited agents lists;

   (3) Any scientific or technical information, invention, design, process, procedure, formula, improvement, technology or method;

   (4) any concepts, reports, data, know-how, works-in-progress, designs, development tools, specifications, computer software, source code, object code, flow charts, databases, inventions, information and trade secrets; and

   (5) any other information that should reasonably be recognized as proprietary or confidential information of the Disclosing Party and/or of its affiliated/accredited/contracting entities.

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Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be designated Confidential Information. The Receiving Party acknowledges that the Confidential Information is proprietary to the Disclosing Party, has been developed and obtained through great efforts by the Disclosing Party and that the Disclosing Party regards all of its Confidential Information as trade secrets.

(b) As defined in PhilHealth Office Order No. 0050, s-2011 and PhilHealth Office Order No. 0062, s-2014 regarding the PhilHealth Policy on Confidentiality and Security of Protected Health Information, Confidential Information shall include, but not limited to, protected health information, personal financial information, patient records, or information gained from committee meetings, hospitals or facility visits during accreditation and investigation, inquiries from members, patients or other PhilHealth employees.

(c) Notwithstanding anything in the foregoing to the contrary, Confidential Information shall not include information which:

(1) was known by the Receiving Party prior to receiving the Confidential Information from the Disclosing Party

(2) becomes rightfully known to the Receiving Party from a third-Party source not known (after diligent inquiry) by the Receiving Party to be under an obligation to Disclosing Party to maintain confidentiality;

(3) is or becomes publicly available through no fault or failure to act by the Receiving Party in breach of the Agreement;

(4) is required to be disclosed in a judicial or administrative proceeding, or otherwise requested or required to be disclosed by law or regulation, although the requirements of paragraph 4 hereof shall apply prior to any disclosure being made; and

(5) or has been independently developed by employees, consultants or agents of the Receiving Party without violation of the terms of this Agreement or reference or access to any Confidential Information.

2. **Disclosure of Confidential Information**

From time to time, the Disclosing Party may disclose Confidential Information to the Receiving Party. The Receiving Party will:

(a) limit disclosure of any Confidential Information to its directors, officers, employees, agents or representatives (collectively "**Representatives**") who have a need to know such Confidential Information in connection with the current or contemplated transaction/relationship between the parties to which this Agreement relates, and only for that purpose;

(b) advise its Representatives of the proprietary nature of the Confidential Information and the obligations set forth in this Agreement and similarly strictly require such Representatives to keep the Confidential Information confidential;

(c) shall keep all Confidential Information strictly confidential by using a reasonable degree of care, but not less than the degree of care used by it in safeguarding its own proprietary/confidential information; and

(d) not disclose any Confidential Information received by it to any third parties without the Disclosing Party's consent or as otherwise provided for herein.

Each party shall be responsible for any breach of this Agreement by any of its/his Agents and/or Representatives.

3. **Use of Confidential Information**

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The Receiving Party agrees to use the Confidential Information solely in connection with the current or contemplated business relationship between the parties and not for any purpose other than as authorized by this Agreement through a prior written consent of an authorized representative of the Disclosing Party. No other right or license, whether expressed or implied, in the confidential information is granted to the Receiving Party hereunder. Title to the Confidential Information shall remain solely in the Disclosing Party. All use of Confidential Information by the receiving party shall be for the benefit of the Disclosing Party and any modifications and improvements thereof by the Receiving Party shall be the sole property of the Disclosing Party.

4. **Compelled Disclosure of Confidential Information**

Notwithstanding anything in the foregoing to the contrary, the Receiving Party may disclose Confidential Information pursuant to any judicial, or administrative order, subpoena, discovery request, regulatory request or similar method, provided that the Receiving Party promptly notifies, to the extent practicable, the Disclosing Party in writing of such demand for disclosure so that the Disclosing Party, at its sole expense, may seek to make such disclosure subject to a protective order or other appropriate remedy to preserve the confidentiality of the Confidential Information; provided in the case of a broad regulatory request with respect to the Receiving Party's business (not targeted at Disclosing Party), the Receiving Party may promptly comply with such request provided the Receiving Party give (if permitted by such regulator) the Disclosing Party prompt notice of such disclosure.

The Receiving Party agrees that it shall not oppose and shall cooperate with efforts, to the extent practicable, by the Disclosing Party with respect to any such request for a protective order or other relief. Notwithstanding the foregoing, if the Disclosing Party is unable to obtain or does not seek a protective order and the Receiving Party is legally requested or required to disclose such Confidential Information disclosure may be made without liability.

5. **Term**

This Agreement shall remain in effect for the date of signing, and shall terminate on (i) three (3) years from the date of signing subject to one (1) year extension if the parties are still discussing and considering the Transaction at the end of the term, or (ii) execution of a definite agreement.

6. **Remedies**

Both parties acknowledge that the Confidential Information to be disclosed hereunder is of a unique and valuable character, and that the damages caused by unauthorized dissemination of the Confidential Information would be impossible to calculate. Therefore, both parties hereby agree that the Disclosing Party shall be entitled to injunctive relief preventing the dissemination of any Confidential Information in violation of the terms hereof. Such injunctive relief shall be in addition to any other remedies available hereunder whether at law or in equity. Disclosing Party shall be entitled to recover its costs and fees, including reasonable attorneys' fees incurred in obtaining any such relief. Further, in the event of litigation relating to this Agreement, the prevailing party shall be entitled to recover its reasonable attorneys' fees and expenses.

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7. **Return of Confidential Information**

Receiving Party shall immediately return and redeliver to the other party all tangible material embodying the Confidential Information provided hereunder and all notes, summaries, memoranda, drawings, manuals, records, excerpts or derivative information derived therefrom and all other documents or materials ("Notes" and all copies of any of the foregoing including "copies" that have been converted to computerized media in the form of image, data or word processing files either manually or by image, data or word processing files either manually or by image capture) based on or including any Confidential Information in whatever form of storage or retrieval, upon the

(a) completion or termination of the dealings between the parties contemplated hereunder;

(b) the termination of this Agreement; or

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(c) at such time as the Disclosing Party may so request; provided however that the Receiving Party may retain such documents as is necessary to enable it to comply with its document retention policies. Alternatively, the Receiving Party, with the written consent of the Disclosing Party may (or in case of Notes, at the Receiving Party's option) immediately destroy any of the foregoing embodying Confidential Information (or the reasonably non recoverable data erasure of computerized data) and, upon request, certify in writing such destruction by an authorized officer of the Receiving Party supervising the destruction.

8. **Safekeeping of Confidential Information**

Receiving Party shall use the same care to avoid disclosure or unauthorized use of the confidential Information as it uses to protect its own confidential information, but in no event less than reasonable care. It is agreed that:

(a) All confidential information shall be retained by the Receiving Party in a secure place with access limited only to the Receiving Party's employees or agents who need to know such information for purposes of this Agreement, and

(b) Confidential Information will be disclosed only to each party's respective employees who are involved in the Potential Transaction and to third party consultants or advisers who have been engaged for the purpose of discussing the Potential Transaction, which the Disclosing Party has prior notice of such engagement, provided that in the event of such disclosure to any third person or entity not employees or retained by the Receiving Party , the Receiving party shall nonetheless remain liable for any unauthorized disclosure by such person or entity.

It is further agreed that the Receiving Party shall ensure that all of its employees and consultants (including employees and consultants of its parent, subsidiaries and affiliates) having access to Confidential Information adhere to the terms and conditions of this Agreement as if they were parties hereto.

9. **Notice of Breach**

Receiving Party shall notify the Disclosing Party immediately upon discovery of any unauthorized use or disclosure of Confidential Information by Receiving Party or its Representatives and/or third persons, or any other breach of this Agreement by Receiving Party or its Representatives, and will cooperate with efforts by the Disclosing Party to help the Disclosing Party regain possession of Confidential Information and prevent its further unauthorized use.

10. **No Publicity**

Neither Party hereto shall in any way or in any form disclose, publicize, or advertise in any manner the discussions that rise to this agreement nor the discussions or negotiations covered by this Agreement without prior written consent of the other Party.

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11. **No Binding Agreement for Transaction**

The parties agree that neither party will be under any legal obligation of any kind whatsoever with respect to a Transaction by virtue of this Agreement, except for the matters specifically agreed to herein. The parties further acknowledge and agree that they each reserve the right in their sole and absolute discretion, to reject any and all proposals and to terminate discussions and negotiations with respect to a Transaction at any time. This Agreement does not create a joint venture or partnership between the parties. If a transaction goes forward, the non-disclosure provisions of any applicable transaction documents entered into between the parties (or their respective affiliates) for the Transaction shall supersede this Agreement. In the event such provision is not provided for in said transaction documents, this Agreement shall control.

NO WARRANTIES ARE MADE BY EITHER PARTY UNDER THIS AGREEMENT WHATSOEVER. The parties acknowledge that although they shall each endeavor to include in the Confidential Information all information that they each believe relevant for the purpose of the evaluation of a Transaction, the parties

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understand that no representation or warranty as to the accuracy or completeness of the Confidential Information is being made by the Disclosing Party. Further, neither party is under any obligation under this Agreement to disclose any Confidential Information it chooses not to disclose. Neither Party hereto shall have any liability to the other party or to other party's Representatives resulting from any use of the Confidential Information except with respect to disclosure of such Confidential Information in violation of this Agreement.

12. Miscellaneous Provisions

(a) This Agreement constitutes the entire understanding between the parties and supersedes any and all prior contemporaneous understandings and agreements, whether oral or written, between the parties, with respect to the subject matter hereof. This Agreement can only be modified by a written amendment signed by the party against whom enforcement of such modification is sought.

(b) Any failure by either party to enforce the other party's strict performance of any provision of this Agreement will not constitute a waiver of its right to subsequently enforce such provision or any other provision of this Agreement.

(c) Although the restriction contained in this Agreement are considered by the parties to be reasonable for the purpose of protecting the Confidential Information, if any such restriction is found by a court of competent jurisdiction to be unenforceable, such provision will be modified, rewritten or interpreted to include as much of its nature and scope as will render it enforceable. If it cannot be so modified, rewritten or interpreted to be enforceable in any respect, it will not be given effect, and the remainder of the Agreement will be enforced as if such provision was not included.

(d) This Agreement is personal in nature, and neither party may directly or indirectly assign or transfer it by operation of law or otherwise without the prior written consent of the other party. All obligations contained in this Agreement shall extend to and be binding upon the parties to this Agreement and their respective successors, assigns and designees.

13. Notices

Any notice or communication required or permitted to be given by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by personal delivery or by registered mail, postage prepaid, or recognized reputable overnight delivery services, in each case, to the address of the other party first indicated above (or such other address as may be furnished by a party in accordance with this paragraph).

All such notices or communications shall be deemed to have been given and received as follows:

(a) In case of personal delivery or electronic mail, on the date of such delivery

(b) In case of delivery thru a nationally recognized overnight carrier, on the third business day following dispatch, and

(c) In case of mailing, on the day of filing.

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14. Governing Law

The validity, construction and performance of this Agreement shall be governed and construed in accordance with the laws of the Philippines applicable to contracts made and to be wholly performed within the said jurisdiction, without giving effect to any conflict of laws provisions thereof.

IN WITNESS WHEREOF, the parties hereto have caused this Non-Disclosure Agreement to be executed this ____ day of _____ at _____.

PHILHEALTH
GRACE G. PUEBLA
Head - Designate, REI-MS
Date: DEC 23 2020
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PHILIPPINE HEALTH INSURANCE CORPORATION

By:

(third level officer representing end-user unit)
(position/designation of third level officer Representative)

(name of third party)

By:

(representative of third party)
(position/designation of representative of third party)

SIGNED IN THE PRESENCE OF:

_____ _____

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
) s.s.

BEFORE ME, a Notary Public for and in _____this _____of _____, personally appeared the following:

Name	Government Issued ID	Date and place Issued
(third level officer representing end-user unit)		
(representative of third party)		

Known to be the same persons who executed the foregoing Non-Disclosure Agreement consisting of eight (8) pages including this page where this acknowledgement is written and they acknowledged to me that the same is their free and voluntary act and deed, as well as, that of the corporations herein represented.

WITNESS MY HAND AND SEAL on the date and in the place above mentioned.

Doc. No. _____;
Page No._____;
Book No._____;
Series of 20____.

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