



PHILHEALTH CIRCULAR
 No. 2020-0022

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

SUBJECT : Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package

I. RATIONALE

As an initial step towards adopting a comprehensive approach to delivering primary care, PhilHealth has committed through PhilHealth Board Resolution No. 2479 to expand the primary care benefit to cover all Filipinos. The resolution mandated the issuance of PhilHealth Circular (PC) No. 2020-0002 entitled "Governing Policies of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package: Expansion of the Primary Care Benefit to cover all Filipinos". Section IV. B. of the aforementioned Circular requires the issuance of applicable rules for member registration and assessment, service package, benefit availment, provider payment mechanism and provider performance assessment.

II. OBJECTIVE

The Circular aims to enable access to primary care by adopting a responsive financing mechanism for the delivery of quality primary care services and commodities. Likewise, it aims to define the PhilHealth Konsulta benefit package and to provide specific guidelines on registration to a primary care provider, benefit availment, applicable payment mechanism, reporting rules and performance assessment.

III. SCOPE

This Circular covers the implementing guidelines of the PhilHealth Konsulta in its transitional phase towards a comprehensive outpatient benefit as mandated by the Universal Health Care Law.

The rules on accreditation of Health Care Providers shall be issued on a separate Circular.

IV. DEFINITION OF TERMS

- A. Active patient seeking - refers to the selective, coercive, and/or exploitative engagement of unwilling and/or ill-informed individuals in order to collect payments from PhilHealth. This can refer to either provider inducement where the provider delivers unnecessary health services to a patient to file a claim, the involuntary registration of unconsenting individuals to a provider, and/or deliberately targeting the registration of mostly healthy and/or low-risk individuals to maximize profit.

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- B. Catchment Population – all registered eligible beneficiaries to a PhilHealth Konsulta Provider.
- C. Balance Billing/Co-payment cap - refers to the maximum amount set by PhilHealth that a Konsulta Provider can charge a patient at any given year.
- D. Balance Billing/Co-payment schedule – the amount charged by a PhilHealth Konsulta Provider for each visit/service delivered to the eligible beneficiary. The amount should not exceed the balance billing/co-pay cap set for the year.
- E. Electronic Konsulta (eKonsulta) – a PhilHealth developed web-based stand-alone application which may be used by the Konsulta facility as an interim electronic reporting system. This can be used for encoding of encounter data records to include diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines.
- F. Electronic Medical Record (EMR) - is the electronic record system or the electronic document of a patient's encounter in one health facility. In this case, the patient's medical or health record at a health facility is being received, recorded, transmitted, stored, processed, retrieved or produced electronically through computers or other electronic devices.
- G. Eligible Beneficiary – refers to all Filipinos given immediate eligibility in accordance with Republic Act No. 11223 and its IRR.
- H. First patient encounter - initial episode of care whereby a primary care worker takes and/or updates the basic health data of an eligible beneficiary to identify their health risks.
- I. Individual-based health services - services which can be accessed within a health facility or remotely that can be definitively traced back to one (1) recipient. These include the provision of consultation services, diagnostics, and commodities (RA 11223)
- J. Maximum catchment population – the maximum number of registered beneficiaries in an area that can be served by a facility based on the doctor to population ratio as defined by the Department of Health.
- K. Navigation - refers to the function of coordinating and directing the individual to obtain health services needed to manage a wide range of health needs.
- L. Patient encounter - individual episodes of care provided by a primary care provider which are then duly reported to PhilHealth on a regular basis.
- M. Updating of registration – refers to the retention or transfer of an eligible beneficiary from one PhilHealth Konsulta Provider to another.

V. POLICY STATEMENTS

- A. Eligibility and registration of Filipinos to an accredited PhilHealth Konsulta Provider
 1. All Filipinos shall be eligible to avail of the PhilHealth Konsulta benefit.
 2. Each Filipino shall register with an accredited PhilHealth Konsulta Provider of their choice with consideration to the maximum catchment population.
 3. Registration to a PhilHealth Konsulta Provider shall be done yearly and fixed for one

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calendar year. The registration period shall be defined by PhilHealth and shall be announced to the public through an advisory or any other official issuance.

4. Registration of eligible beneficiaries to an accredited PhilHealth Konsulta Provider shall be guided by the following:
 - a. All accredited PhilHealth Konsulta Providers shall be published in the PhilHealth website;
 - b. Eligible beneficiaries may check the PhilHealth website for information on their preferred Konsulta Provider including but not limited to their location, balance billing/co-payment schedule, and balance billing/co-pay cap;
 - c. Every Filipino shall register with the National Health Insurance Program (NHIP) as administered by PhilHealth prior to registration with a Konsulta Provider. Filipinos not yet registered with the NHIP can register in accordance with existing PhilHealth policies and procedures;
 - d. Filipinos registered with the NHIP may self-register to an accredited PhilHealth Konsulta Provider through the PhilHealth's online Konsulta registration system (see Annex A, "Registration to a PhilHealth Konsulta Provider");
 - e. In cases where assistance is needed, such as in registering minors, persons with disabilities (PWDs) and beneficiaries with no internet access or have difficulty using information technology (IT), they may go to the nearest Local Health Insurance Office (LHIO), PhilHealth Express, or PCARES whichever is available. PhilHealth shall also conduct events with select partners to facilitate registration to a PhilHealth Konsulta Provider; and,
 - f. PhilHealth may also authorize third-party agencies/organizations to facilitate registration to an accredited PhilHealth Konsulta Provider. These would include the following but not limited to, local government units for citizens within their jurisdiction, Office for Senior Citizens Affairs (OSCA) for senior citizens in their area, employers for their employees, and PhilHealth Konsulta Provider;
 - f.1 Specific processes and procedures on registering through a third party agency/organization is detailed in the manual of procedure on PhilHealth Konsulta Assisted Registration (see Annex B. PhilHealth Konsulta Assisted Registration Manual);
 - f.2 All authorized third-party agencies/organizations shall be responsible for ensuring the rights of the eligible beneficiary, including but not limited to the right of choice of a primary care provider, nondiscrimination, privacy, and in terms of ensuring the integrity of the data that they have submitted; and,
 - f.3 Each eligible beneficiary registered by a third-party agency/organization shall receive either a digital or printed confirmation slip as proof of registration. In cases where releasing a digital confirmation slip is not possible, eligible beneficiaries shall be required to accomplish the PhilHealth Konsulta registration form (see Annex C, "PhilHealth Konsulta Registration Form").
5. The conduct of the first patient encounter within the year of registration shall be the shared responsibility of the accredited PhilHealth Konsulta Providers and all newly registered eligible beneficiaries.
6. Eligible beneficiaries have the responsibility to update PhilHealth with their PhilHealth Konsulta Provider of choice, subject to the following considerations:
 - a. Updating of registration to PhilHealth Konsulta Provider of choice will be done in the last quarter of the year;
 - b. Eligible beneficiaries who fail to update their PhilHealth Konsulta Provider of choice shall be automatically re-registered to their last declared Konsulta Provider;
 - c. Eligible beneficiaries who have not used their benefit for at least 18 months,

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- rendering them as inactive, shall be given advance notice by PhilHealth to update their registration;
- d. Likewise, PhilHealth shall notify the Konsulta Provider within six (6) months prior to the removal of an eligible beneficiary in their catchment population due to inactivity;
 - e. Eligible beneficiaries who have not utilized their primary care benefit for two (2) years shall be removed from the registration list of that PhilHealth Konsulta Provider and shall enable them to register to another Provider.
7. Transfer from one PhilHealth Konsulta Provider to another shall only be allowed for the following calendar year except in the following cases:
 - a. Withdrawal, non-renewal or suspension of accreditation of the PhilHealth Konsulta Provider;
 - b. Closure of the PhilHealth Konsulta Provider; and,
 - c. Any other instances identified by the Corporation.
 8. In case of withdrawal, non-renewal, suspension of accreditation, or closure of the Konsulta Provider, PhilHealth shall inform the eligible beneficiary and facilitate transfer to another accredited Konsulta Provider. (see Annex A, "Registration to a PhilHealth Konsulta Provider")
 9. PhilHealth Konsulta Provider shall be allowed to market the benefit in ethical and non-discriminatory means. Marketing activities include but are not limited to verbal presentations, media campaigns, and posting and distribution of written information, education, and communication materials. These are subject to the following considerations:
 - a. The PhilHealth Konsulta Provider shall submit their marketing plans and materials for clearance, and approval of PhilHealth;
 - b. PhilHealth Konsulta Provider shall not engage in "active patient seeking" or the practice of hiring seekers/recruiters for the purpose of populating the registration registry to meet the maximum catchment population.
 10. The maximum catchment population shall be subject to PhilHealth assessment, and approval based on the health human resource to population ratio as stipulated in the accreditation policy of PhilHealth Konsulta Provider.
 11. PhilHealth Konsulta Provider shall regularly check the HCI Portal for updates on the registration list. In areas where there is slow or no internet connectivity, PhilHealth Konsulta registration shall be done through the Updated Primary Care Module (UPCM) at the Local Health Insurance Office (LHIO), and the encrypted softcopy of registration list shall be forwarded by the LHIO to the PhilHealth Konsulta Provider on a weekly basis.

B. PhilHealth Konsulta Benefit Package Content

1. The PhilHealth Konsulta package covers individual-based health services including initial and follow-up primary care consultations, health screening and assessment and access to selected diagnostic services, and medicines (See Annex D, "PhilHealth Konsulta Benefit Table").
2. Access to select diagnostic services and medicines will be based on the health needs of the patients subject to rules of the Corporation on benefit availment.
3. PhilHealth Konsulta Provider may implement innovations such as integration and use of telemedicine in the delivery of the services to ensure that their catchment population has access to all services. These innovations must be lawful and not

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contrary to existing policies of the DOH and PhilHealth. The adopted innovations shall not replace accreditation standards stipulated in the PhilHealth Konsulta accreditation policy and shall be subjected to the same benefit availment process, and provider payment scheme provided for in this policy.

4. PhilHealth Konsulta Provider shall continually serve as the initial point of contact for the eligible beneficiary in accessing health services. They shall perform navigation and referral functions for patients depending on their health needs in accordance with accepted norms and ethical practice.
5. PhilHealth Konsulta Providers shall perform preventive health services such as health screening and assessment according to life stage and health risks of individuals in their catchment population (see Annex E, "List of Preventive Health Services based on Lifestage Guarantees").
6. The services included in this package will be reviewed and improved periodically based on PhilHealth's benefit prioritization process and upon positive recommendation of the Health Technology Assessment Council.

C. PhilHealth Konsulta Benefit Availment Process

1. PhilHealth Konsulta Providers and all eligible beneficiaries shall follow the benefit availment process set forth by the Corporation (see Annex F, "PhilHealth Konsulta Benefit Availment Process").
2. PhilHealth Konsulta Provider shall generate the Electronic Konsulta Availment Slip (eKAS) and/or Electronic Prescription Slip (ePresS) for each patient encounter (see Annex G, "eKAS and ePresS").
3. All eligible beneficiaries availing of the benefit shall provide feedback and sign the eKAS and/or ePresS after every transaction.
4. The duly signed eKAS and ePresS shall be submitted to PhilHealth by the Konsulta Provider.

D. Provider Payment Mechanism

1. The benefit shall be paid as an annual capitation released based on performance.
2. Capitation rates shall be set by the Corporation and shall be paid in tranches (see Annex H, "Approved Benefit Payment and balance billing/Co-payment Schedule").
3. The capitation rate, tranches, and performance targets shall be periodically reviewed by the Corporation for modification and adjustments.
4. PhilHealth shall pay using the Auto-credit payment scheme (ACPS).
5. PhilHealth Konsulta Provider may charge fees for services and commodities not included in the benefit package. Provision of services and commodities outside the package with their corresponding rates shall still be encoded in the EMR.
6. Accredited PhilHealth Konsulta Provider shall comply with the obligations identified in the HCPs' performance commitments and balance billing/co-payment rules stipulated in this issuance, its annexes, and all other applicable issuances.
 - a. Private facilities shall be allowed to charge up to the balance billing/co-payment cap (See Annex H, "Approved Benefit Payment and Balance Billing/Co-payment

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- Schedule”) for services in the PhilHealth Konsulta package;
- b. Private facilities are allowed to design their own balance billing/co-payment schedule. The balance billing/co-payment schedule should be agreed upon with PhilHealth and shall be included in their performance commitment;
 - c. PhilHealth Konsulta Providers shall inform their catchment population of the balance billing/co-payment cap and balance billing/co-payment schedule and post the balance billing/co-payment schedule at visible areas on their facility; and,
 - d. The no balance billing/no co-payment policy shall apply to all eligible beneficiaries registered in a government PhilHealth Konsulta Provider.
7. In cases where eligible beneficiaries are transferred by a PhilHealth Konsulta Facility to another facility for reasons including but not limited to the inability to provide services due to staffing shortages within the period of accreditation or change of residency, the referring facility shall cover the cost of care to the referral facility for the period of the transfer. Proof of transfer of residence from the original to the new address shall be presented. Payment arrangements shall be defined and resolved between the referring and referral facilities and shall be at no added cost to the eligible beneficiary and to PhilHealth in covering for services included in the package.
 8. In case of any disagreement with the computed reimbursement, existing guidelines on appeal and motion for reconsideration (MR) shall apply.
 9. Existing legislations and regulations that endow privileges and discounts to specific segments of the population, including senior citizens and PWDs, shall be applied to the balance billing/co-payment for PhilHealth Konsulta services.

E. Disposition and allocation of the capitation

1. Capitation reimbursements in government health care facilities shall be utilized to cover all essential services, medicines provided for in this Circular and other operating expenses to support delivery of care including hiring of additional physician, internet subscription, service provider subscription fee and IT hardware. Any remaining fund may be utilized as performance incentives for primary care workers and shall be governed and determined by the internal guidelines of the PhilHealth Konsulta Provider. PhilHealth shall not prescribe how performance incentives will be disbursed. If applicable, the share of performance incentives can be defined through an approved Sanggunian resolution or any similar issuance.
2. Government Konsulta facilities shall create a ledger to account for the utilization of PhilHealth Konsulta funds.
3. For private PhilHealth Konsulta facilities, capitation reimbursements shall be utilized to cover provider fees including professional fees, reading and interpretation of laboratory/diagnostic results, and essential services and medicines.
4. For capitation reimbursements, existing PhilHealth policy on late filing of claims shall apply in handling submissions of patient encounters beyond the prescribed period.

F. Handling Health data

1. All health data shall be encoded in the Konsulta compliant EMR system for electronic transmission to PhilHealth (see Annex I, “Submission of Reports”). These data shall include but not limited to diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines, other services and commodities not currently covered by the Package. This system shall be periodically upgraded to address operational issues such as but not limited to portability, the overloaded iClinicSys, etc.

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2. PhilHealth Konsulta Providers shall submit the electronic patient record data to PhilHealth as soon as the record is available up to one week and in accordance with the prescribed format. Submissions shall include all records of encounters with eligible beneficiaries (see Annex I, "Submission of Reports").
3. Incomplete patient encounter reports shall be automatically denied by the system.
4. PhilHealth Konsulta Provider shall host and safeguard electronic patient records in accordance with existing rules and regulations in managing health information and data privacy. PhilHealth Konsulta Provider and all its staff and all affiliated facilities and individuals shall commit to keep the members' personal information confidential, secure, private and affirm the fundamental right of all persons, natural or juridical, with particular emphasis on its members and their dependents, to privacy in compliance with the Data Privacy Act of 2012 (R.A. 10173).

G. Monitoring and Evaluation

PhilHealth, through its Healthcare Provider Performance Assessment System (HCP-PAS) shall employ mechanisms to assure members of the guaranteed quality healthcare they deserve. Performance targets shall be identified to guide all concerned stakeholders of their accountability towards providing essential primary care services especially to the poor and marginalized families.

PhilHealth shall utilize electronic systems to facilitate the implementation of the Konsulta Package including building a system to connect Konsulta with inpatient availment for monitoring purposes, an application for immediate feedback and documentation of actual patient encounter transactions, mechanisms enabling access to primary care services such as the feedback application, biometrics kiosk, eKAS and ePresS.

H. Annexes

- Annex A: Registration to a PhilHealth Konsulta Provider
- Annex B: PhilHealth Konsulta Assisted Registration Manual
- Annex C: PhilHealth Konsulta Registration Form
- Annex D: PhilHealth Konsulta Benefit Table
- Annex E: List of Preventive Health Services based on Lifestage Guarantees
- Annex F: PhilHealth Konsulta Benefit Availment Process
- Annex G: eKAS and ePresS
- Annex H: Approved Benefit Payment and Balance Billing/Co-payment Schedule
- Annex I: Submission of Reports
- Annex J: List of Minimum Personal Information for the First Patient Encounter

VI. PENALTY CLAUSE

Failure to meet any of the performance targets (see Annex H, "Approved Benefit Payment and Balance Billing/Co-payment Schedule") shall be a ground for close monitoring, and subsequent sanctions and penalties.

Any violation of this Circular, terms and conditions of the Performance Commitment and all existing related PhilHealth circulars, Corporate Office Orders and directives shall be dealt with accordingly.

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VII. TRANSITORY CLAUSE

Due to and in consideration of the effects of the pandemic which partly led to the refocusing of the health system towards COVID-19 response in 2020, the PhilHealth Konsulta package may be initially implemented in pilot areas for the first two quarters of CY 2021. Pilot sites shall be determined based on selection criteria as defined in the Accreditation guidelines.

Further, expansion of the implementation to other interested primary care providers shall start on 3rd quarter of CY 2021 following the PhilHealth Konsulta accreditation guidelines.

VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE


The following issuances that are inconsistent with any provision of this Circular are hereby amended, modified, or repealed accordingly:

- A. PhilHealth Circular 2019-0003: Expansion of the Primary Care Benefit (EPCB) to Cover Formal Economy, Lifetime Members and Senior Citizens (Revision 1)
- B. PhilHealth Circular 2019-0007: Per Family Payment (PFP) Processing using the Automated Payment Utility in the PhilHealth HCI Portal (UPCM) and other Certified Electronic Medical Records (EMR) Revision 2
- C. PhilHealth Circular No. 010 s. 2012: Implementing Guidelines for Universal Health Care Primary Care Benefit 1 (PCB1) Package for Transition Period CY 2012-2013
- D. PhilHealth Circular No. 015 s. 2014: Primary Care Benefit 1 (PCB1) now called "Tsekap" Package Guidelines for CY 2014

X. DATE OF EFFECTIVITY

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

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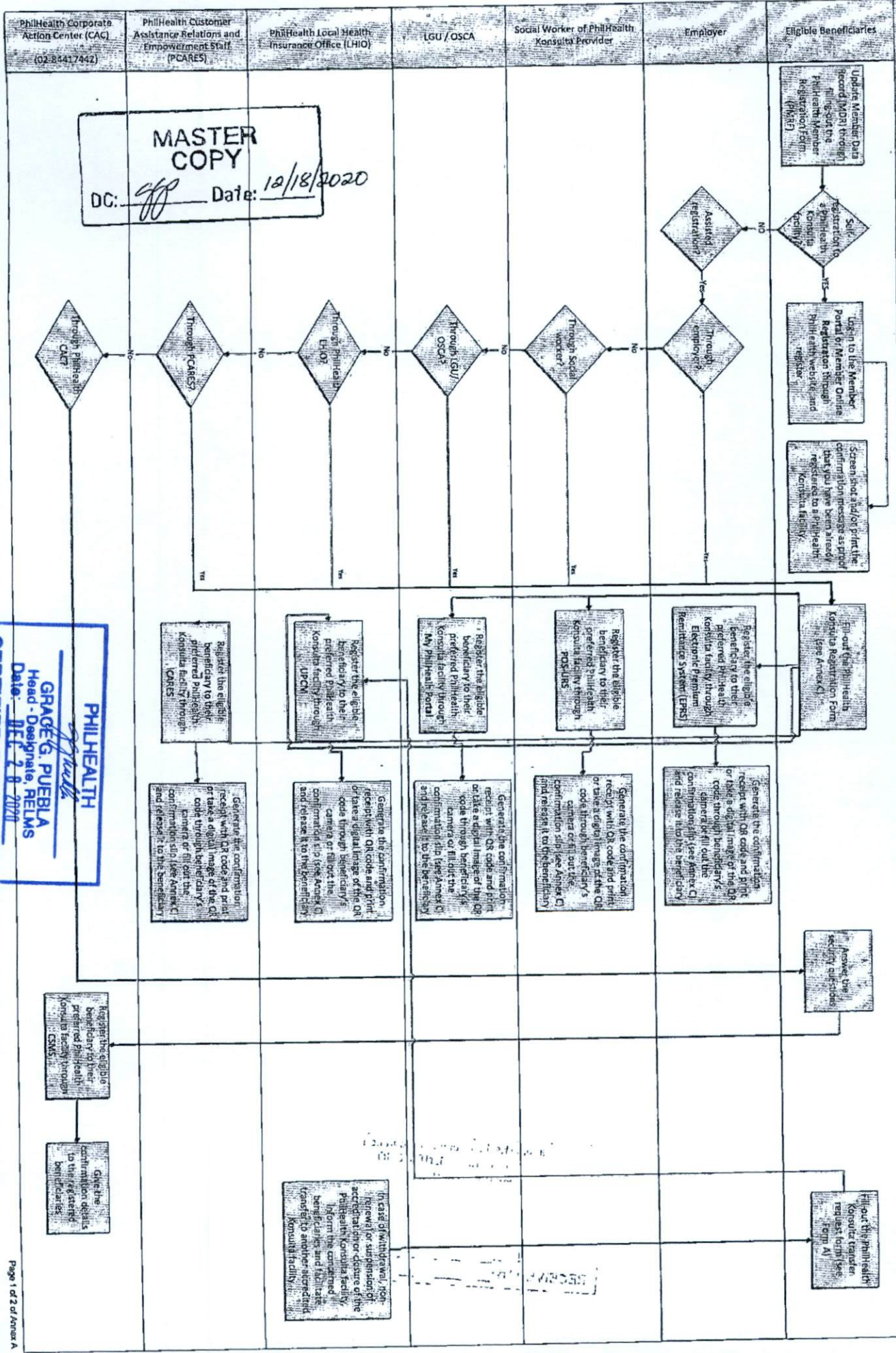

ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (CEO)
Date signed: 12-17-2020

Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package



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Annex A: Registration to a PhilHealth Konsulta Provider



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In case of withdrawal, non-renewal or suspension of accreditation/closure of the PhilHealth Konsulta Facility, inform the concerned beneficiaries and facilitate transfer to another accredited Konsulta Facility.

 **PhilHealth Konsulta Transfer Registration Form**


To be filled-out by the Beneficiary

Name: _____
 PIN: _____
 Member: _____ Dependent: _____ (please check)
 Contact No: _____
 Email Address (if applicable): _____

Name of previous PhilHealth Konsulta Facility: _____
 Preferred PhilHealth Konsulta Facility and Address (Municipality/Town/City/Province):
 1st choice: _____
 2nd choice: _____
 3rd choice: _____

 (Signature over printed name)

PhilHealth's Copy

 **PhilHealth Konsulta Registration Confirmation Slip**

To be filled-out by the Authorized personnel:

Registration No.: _____
 Date registered: _____
 Name: _____
 PIN: _____
 PhilHealth Konsulta Facility: _____
 PhilHealth Konsulta Facility Address: _____

 (Signature over printed name of Authorized Personnel)

Beneficiary's Copy

(To be printed at the back)

Instructions:

1. All information should be written in UPPERCASE/CAPITAL LETTERS.
2. All fields are mandatory.
3. If the beneficiary is dependent, use the dependent PIN.
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.

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PhilHealth Konsulta Assisted Registration Manual

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Rationale

The Universal Health Care Law aims to “ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk.” To meet the goal of progressively realizing universal health care in the country, PhilHealth adopted a comprehensive approach to delivering primary care through the development of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package.

Joint Administrative Order No. 2020-____ titled “Guidelines on the Registration of Filipinos to a Primary Care Provider” provides that PhilHealth shall issue specific guidelines, information, and manual of procedures related to registration of Filipinos to a primary care provider. Likewise, Section V.4.f.i. of the Implementing Guidelines for the PhilHealth Konsulta Package states that a manual of procedure shall provide the details on the process for assisted registration. This manual is created in compliance with the provision of the said issuances.

Objective

This PhilHealth Konsulta Assisted Registration Manual aims to achieve the following objectives:

1. Outline the process for assisted registration through different PhilHealth authorized third party agencies/ organizations;
2. Capacitate third party agencies/ organizations on the process of assisted registration of eligible beneficiaries to a PhilHealth Konsulta Provider; and,
3. Provide eligible beneficiaries with a guide on the process of assisted registration through authorized third party agencies/ organizations.

Scope

The PhilHealth Konsulta Assisted Registration Manual provides guidelines and outlines the procedures for assisted registration facilitated by third party agencies/ organizations authorized by the Corporation.

The process for authorizing third party agencies and organizations shall be issued on a separate manual.

Policy Statement

In compliance with the Universal Health Care Act, and all other applicable laws and issuances, PhilHealth is committed to expand the primary care benefit to cover all Filipinos. The Corporation shall make necessary steps and procedures to ensure the realization of this goal, among them shall be authorizing third party agencies and organization to facilitate the registration of eligible beneficiaries to an accredited PhilHealth Konsulta Provider.

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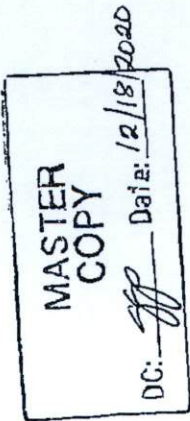


Guidelines

1. Eligible beneficiaries including but not limited to minors, persons with disabilities (PWDs) and those with no internet access or have difficulty using and accessing information technology (IT) can opt for assisted registration.

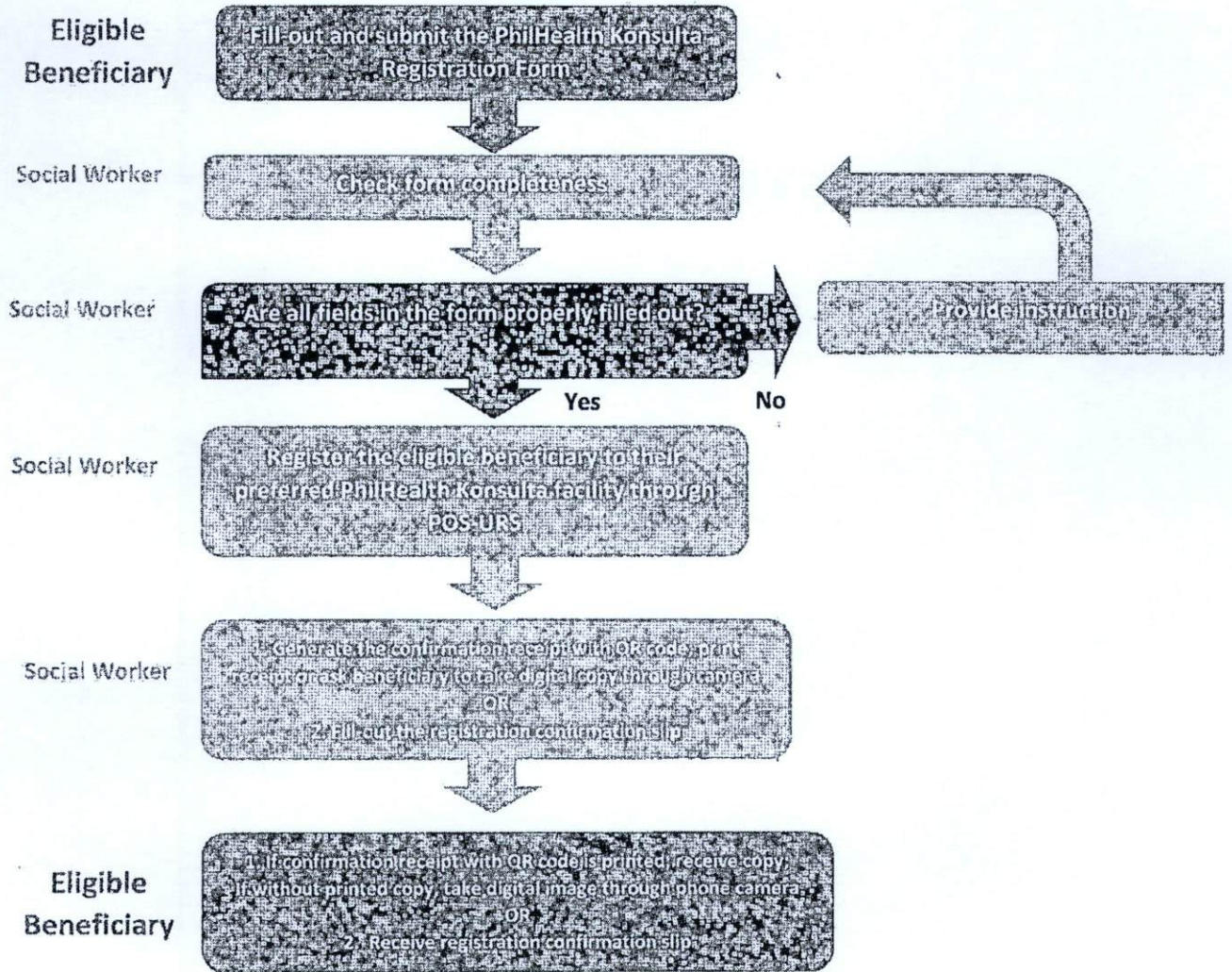
The following are the PhilHealth authorized third party agencies/ organizations eligible beneficiaries may go to for assisted registration:

- a. PhilHealth Konsulta Provider
 - b. Local Government Units (for residents of the LGU)
 - c. Office for Senior Citizens Affairs (OSCA) (for senior citizens in the LGU)
 - d. Employers (for government/ private sector employed beneficiaries)
2. All PhilHealth authorized third-party agencies/organizations shall be responsible for ensuring the rights of the eligible beneficiary, including but not limited to the right to choice of a primary care provider, nondiscrimination, and privacy.
 3. All eligible beneficiaries and third party agencies/ organizations shall follow the assisted registration procedures set by the Corporation through this Manual.



Procedures

Assisted Registration through the Social Worker of the PhilHealth Konsulta Provider



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Key Steps	Office/ person Responsible	Details
<p>Assisted Registration through the PhilHealth Konsulta Provider¹</p> <div data-bbox="247 1227 427 1630" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align: center;">MASTER COPY</p> <p>DC: <i>[Signature]</i> Date: 12/18/2020</p> </div>	<p>Social Worker of the PhilHealth Konsulta Provider</p>	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin's mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through POS-URS If not properly filled out: <ol style="list-style-type: none"> 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera OR 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

¹ Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.

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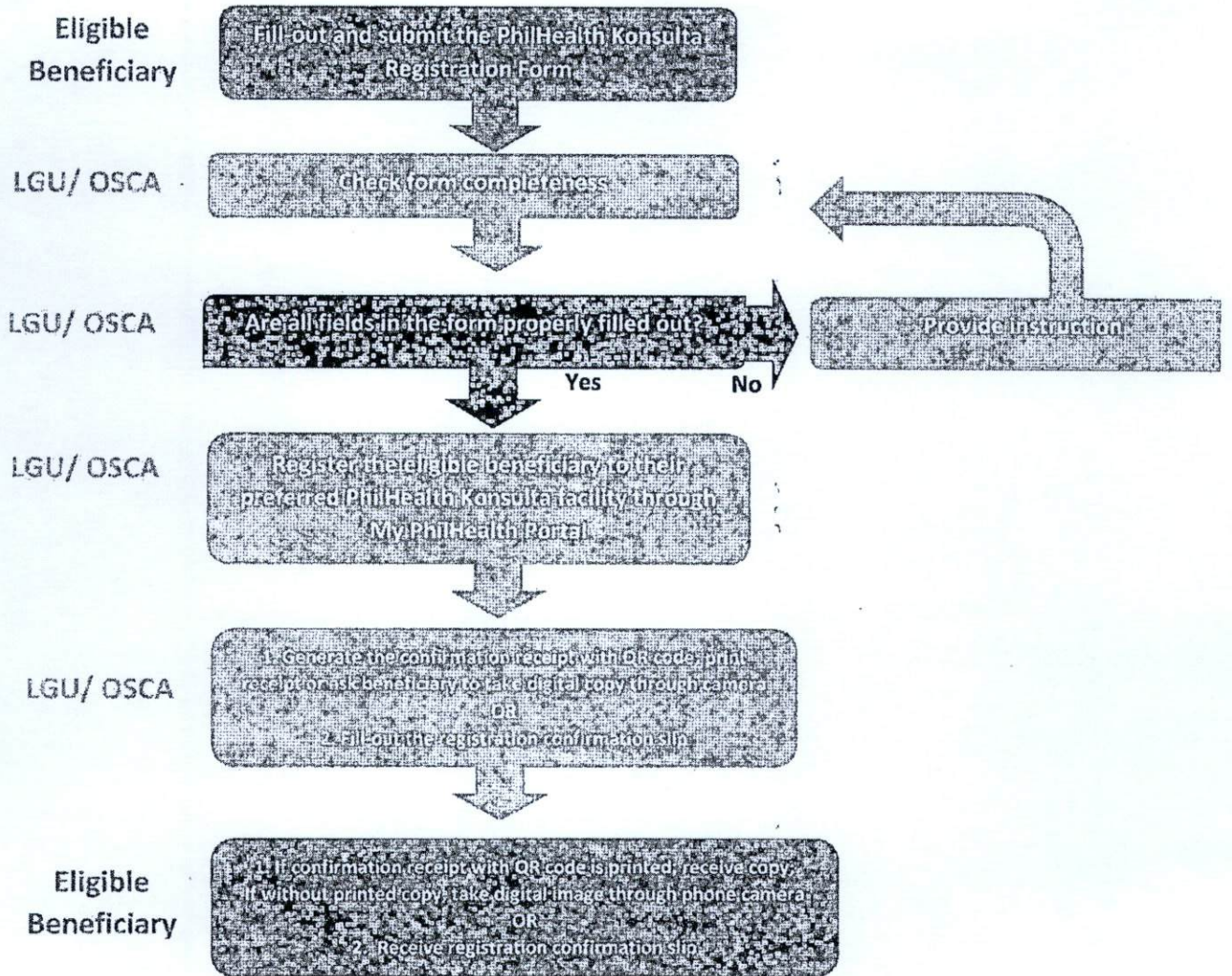
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Assisted Registration through the LGU/ OSCA



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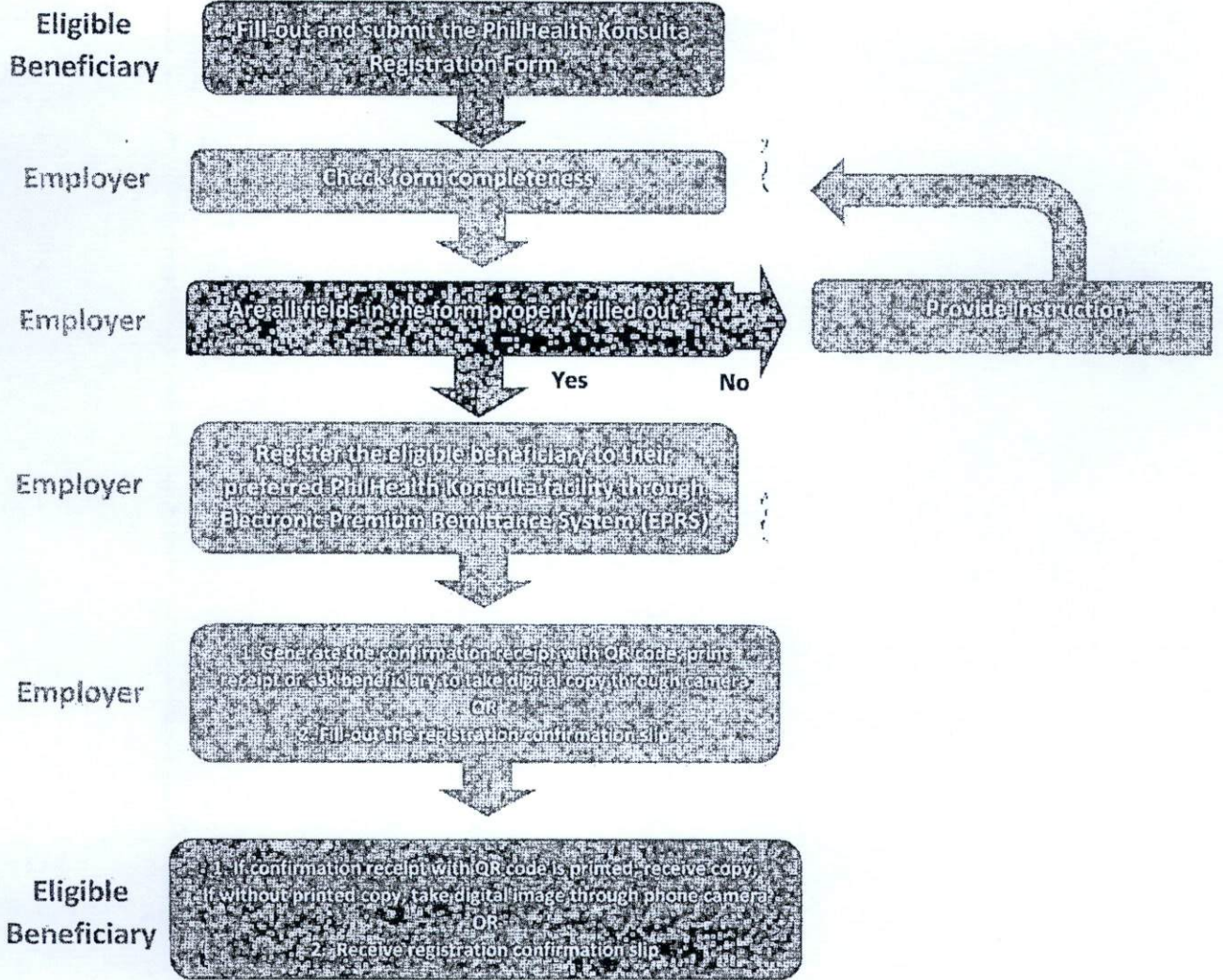
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Key Steps	Office/ person Responsible	Details
<p>Assisted Registration through the LGU/ OSCA²</p> <div data-bbox="248 1249 419 1668" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align: center;">MASTER COPY</p> <p>DC: <i>[Signature]</i> Date: 12/18/2020</p> </div>	<p>LGU/ OSCA</p>	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin's mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through My PhilHealth Portal If not properly filled out: 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera OR 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

² Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.



Assisted Registration through Employer



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Key Steps	Office/ person Responsible	Details
<p>Assisted Registration through the Employer³</p> <div data-bbox="258 1236 430 1653" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align: center;">MASTER COPY</p> <p>DC: <i>[Signature]</i> Date: 12/18/2020</p> </div>	<p>Employer</p>	<p>Eligible Beneficiary submits the filled-out PhilHealth Konsulta Registration Form.</p> <ol style="list-style-type: none"> 1. Receive the Registration Form 2. Check form completeness <ol style="list-style-type: none"> a. Name and PIN number provided b. Contact number provided (In cases where the eligible beneficiary has no mobile number, ask for alternative contact details e.g. email address/ next of kin's mobile number) c. Email address provided (if applicable) d. Name of preferred PhilHealth Konsulta Facilities provided (1st to 3rd Choices) e. Address of preferred PhilHealth Konsulta Facility provided f. Form is duly signed 3. If all fields are properly filled out: <ol style="list-style-type: none"> 3.1. Register the eligible beneficiary to their preferred PhilHealth Konsulta Facility through EPRS If not properly-filled out: <ol style="list-style-type: none"> 3.2. Provide instruction to facilitate form completion 3.3. Re-check form after compliance of the eligible beneficiary 4. Provide Registration Confirmation Receipt/ Slip <ol style="list-style-type: none"> 4.1 Generate the confirmation receipt with QR code <ol style="list-style-type: none"> 4.1.1 Print receipt and issue OR 4.1.2 Ask beneficiary to take digital copy through phone camera OR 4.2. Fill-out the registration confirmation slip and issue 5. For generated confirmation slip with QR Code <ol style="list-style-type: none"> 5.1 Eligible beneficiary receives confirmation slip with QR Code OR 5.2 Eligible beneficiary takes a digital copy through phone camera 6. For filled-out registration confirmation slip; Eligible beneficiary receives the slip

³ Eligible beneficiary shall first update their Member Data Record (MDR) and shall have their PhilHealth Individual Number (PIN) prior to the assisted registration.

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Directory

(List of Authorized 3rd party agencies/ organizations, once available)

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Annex C

 PhilHealth Konsulta Registration Form
To be filled-out by the Beneficiary
Name: _____
PIN: _____
Member: _____ Dependent: _____ (please check)
Contact No: _____
Email Address (if applicable): _____
Name of previous PhilHealth Konsulta Facility: _____
Preferred PhilHealth Konsulta Facility and Address (Municipality/Town/City/Province):
1 st choice: _____
2 nd choice: _____
3 rd choice: _____
_____ (Signature over printed name)
PhilHealth's Copy
 -----
 PhilHealth Konsulta Registration Confirmation Slip
To be filled-out by the Authorized personnel
Registration No.: _____
Date registered: _____
Name: _____
PIN: _____
PhilHealth Konsulta Facility: _____
PhilHealth Konsulta Facility Address: _____
_____ (Signature over printed name of Authorized Personnel)
Beneficiary's Copy
(To be printed at the back)
Instructions:
1. All information should be written in UPPERCASE/CAPITAL LETTERS.
2. All fields are mandatory.
3. If the beneficiary is dependent, use the dependent PIN.
4. If the beneficiary is below 21 years old, the signatory should be the parent/guardian.

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ANNEX D: PhilHealth Konsulta Benefit Table

- A. Primary Care Services - first-contact, comprehensive, continuing and coordinative care to beneficiaries including but not limited to:
1. Consultation and case management for any conditions, including individual health education, that can be managed by a Primary Care Physician and team as determined by the legal scope of practice
 2. Provision of preventive health services as listed in Annex E
 3. Assisting eligible beneficiaries in accessing services in subcontracted or partner facilities
 4. Referral to specialty and higher levels of care
- B. Select Laboratory/Diagnostic Examinations as needed as part of case management by PhilHealth Konsulta primary care team including:
- a. CBC w/ platelet count
 - b. Urinalysis
 - c. Fecalysis
 - d. Sputum Microscopy
 - e. Fecal Occult Blood
 - f. Pap smear
 - g. Lipid profile (Total Cholesterol, HDL and LDL Cholesterol, Triglycerides)
 - h. FBS
 - i. OGTT
 - j. ECG
 - k. Chest X-Ray
 - l. Creatinine
 - m. HbA1c
- C. Select Drugs and Medicines as needed as part of case management by PhilHealth Konsulta primary care team:

Name	Category
1. Amoxicillin	Anti-microbial
2. Co-Amoxiclav	
3. Cotrimoxazole	
4. Nitrofurantoin	
5. Ciprofloxacin	
6. Clarithromycin	
7. Oral Rehydration Salts	Fluid and Electrolytes
8. Prednisone	Anti-asthma
9. Salbutamol	
10. Fluticasone + Salmeterol	
11. Paracetamol	Anti-pyretics
12. Gliclazide	Anti-diabetic
13. Metformin	
14. Simvastatin	Anti-dyslipidemia
15. Enalapril	Anti-hypertensives
16. Metoprolol	
17. Amlodipine	
18. Hydrochlorothiazide	
19. Losartan	
20. Aspirin	Anti-thrombotics
21. Chlorpheniramine Maleate	Anti-histamine

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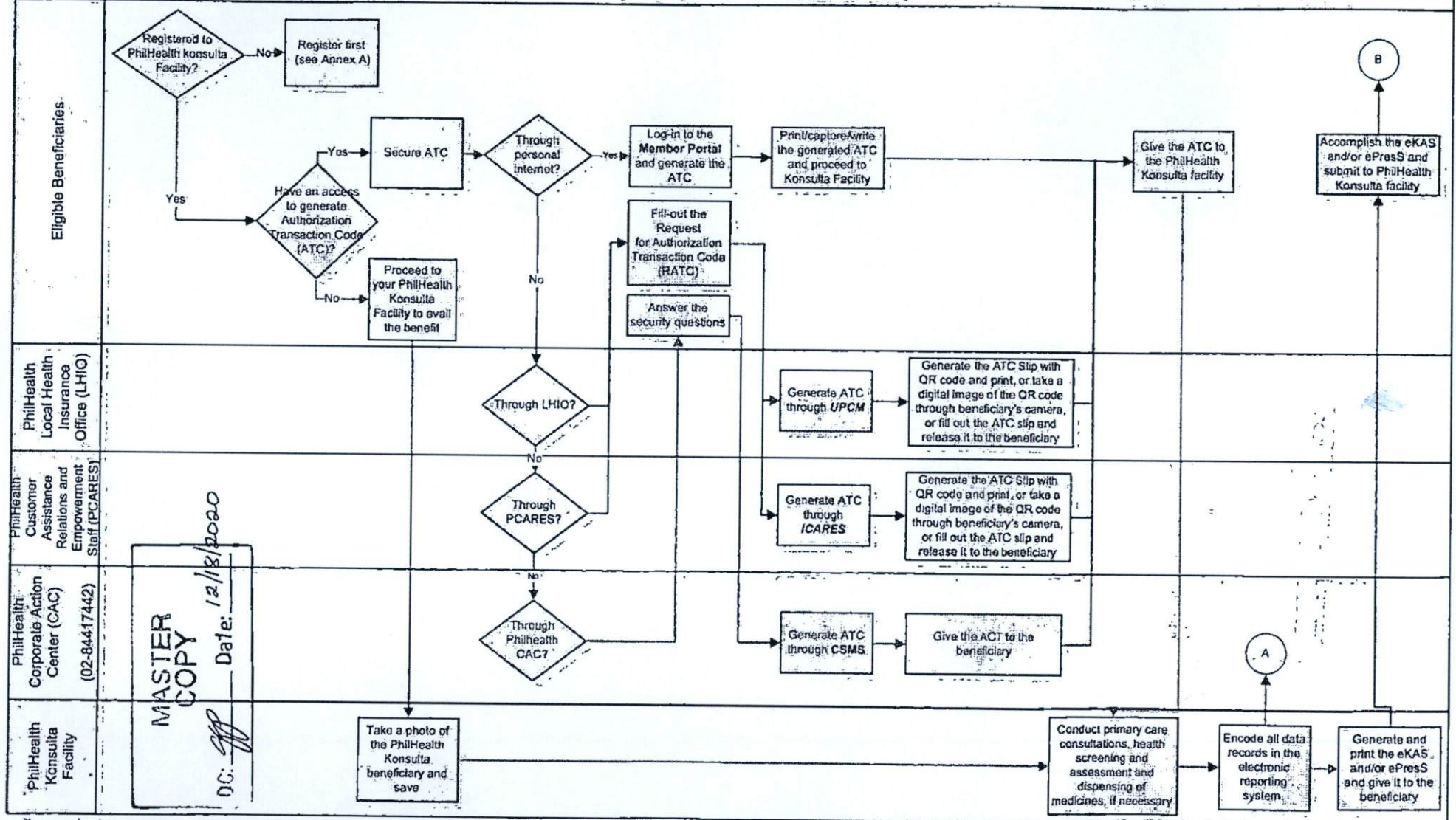
ANNEX E : List of Preventive Health Services based on Lifestage Guarantees

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Age	Targeted Services (according to risks based on age and health assessment)	
0 - 12 months		
>1 - 4 years old		
5 - 9 years old		
10 - 19 years old		
20-39 years old	CBC w/ Platelet Count	
40-49 years old	Urinalysis	
50-59 years old	Fecalysis	
60 and up	Sputum Microscopy	
	FOBT	Pap smear (female)*
	Lipid Profile	
	FBS	
	OGTT	
	ECG	
	Chest X-ray	
	Creatinine	
	HbA1C	

Mandatory  As applicable 
 Not Applicable  *Allowed to waive 

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Annex F: PhilHealth Konsulta Benefit Availment Process



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Authorization Transaction Code (ATC) – a system generated unique code given to an eligible beneficiary prior to benefit availment. This can be taken by the Konsulta facility for walk-in clients.
 Note: Procedure details for A and B will be defined in Annex I Submission of Reports.

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Request for Authorization Transaction Code (RATC)

To be filled-out by the Beneficiary

Name: _____

PIN: _____

Member: _____ Dependent: _____ (please check)

Date of Appointment: _____

(Signature over printed name)

PhilHealth's Copy

To be filled-out by the PhilHealth personnel

ATC: _____

(Signature over printed name of Authorized Personnel)





Beneficiary's Copy

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ANNEX G: Electronic Konsulta Availment Slip (eKAS)

Electronic Konsulta Availment Slip (eKAS) – proof of availment of services by the eligible beneficiary. This will be generated by the PhilHealth Konsulta facility for every patient encounter and to be submitted to PhilHealth.

 ELECTRONIC KONSULTA AVAILMENT SLIP (eKAS)			
HCI Name: _____ Case No.: _____ HCI Accreditation No. _____ Transaction No.: _____			
Patient Name (Pangalan ng pasyente): _____ Age (Edad): _____ Contact No. _____			
PIN (PhilHealth Identification Number): _____ Membership Category: _____			
Membership type: _____ Member _____ Dependent		Authorization Transaction Code (ATC): _____	
To be filled out by the facility (pupunuan ng pasilidad)			
Konsulta Services	<input checked="" type="checkbox"/> Performed (nagawa) <input checked="" type="checkbox"/> Not performed (hindi nagawa)	Date performed (Petsa kung kelan ginawa)	Performed by (Ginawa ni) (Initial/Signature of Health care Provider/technician) (Initial o Lagda ng Health care Provider/technician)
History and physical examination (vitals, anthropometrics)			
CBC			
To be filled out by the patient (pupunuan ng pasyente)			
Have you received the above-mentioned essential services? <input type="checkbox"/> Yes <input type="checkbox"/> No (Natanggap mo ba ang mga essential services na nabanggit?)			
How satisfied are you with the services provided? (Gaano ka nasiyahan sa natanggap mong serbisyo?) <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 			
For your comment, suggestion or complaint: (Para sa iyong komento, mungkahi o reklamo)			
<hr/>			
Under the penalty of law, I attest that the information I provided in this slip are true and accurate. (Sa ilalim ng batas, pinatutunayan ko na ang impormasyong ibinigay ko ay totoo at tama)			
_____ Signature over printed name of patient (Lagda sa nakalimbag na pangalan ng pasyente)		_____ Next Consultation Date: (Petsa ng susunod na konsultasyon)	
Note: Accomplished form shall be submitted to PhilHealth. (Ang kumpletong form ay dapat isumite sa PhilHealth)			

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ANNEX G: Electronic Prescription Slip (ePresS)

Electronic Prescription Slip (ePresS) - proof of availment of medicines by the eligible beneficiary. This will be generated by the PhilHealth Konsulta facility for every patient encounter and to be submitted to PhilHealth.

ELECTRONIC PRESCRIPTION SLIP (ePresS)

HCI Name: _____ Case No.: _____
 HCI Accreditation No. _____ Transaction No.: _____

Patient Name (pangalan ng pasyente): _____ Age (edad): _____ Contact No. _____
 PIN (PhilHealth Identification Number): _____ Membership Category: _____ Membership type: Member: Dependent

To be filled out by the facility (pupunuán ng pasilidad)

Category (Kategorya)	Medicine Strength/Form/ Volume (Gamot/Anyo/Da mi)	Quantity (bilang)	Name of the Prescribing Physician (Pangalan ng nagresatang doktor)	<input checked="" type="checkbox"/> Dispensed (naibigay) <input checked="" type="checkbox"/> Not dispensed (hindi naibigay)	Date dispensed (Petsa kung kelan naibigay)	Name of the Dispensing Personnel (Pangalan ng nagbigay)
Antibacterial	Amoxicillin 500 mg Capsule		Signature over printed name License #: _____			Signature over printed name Name of Dispensing Facility: _____
Antipyretic	Paracetamol 500 mg Tablet					

To be filled out by the patient (pupunuán ng pasyente)

Did you receive the above mentioned medicines? Yes No
 (Natanggap mo ba ang mga gamot na nabanggit?)

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

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

Under the penalty of law, I attest that the information I provided in this slip are true and accurate.
 (Sa ilalim ng batas, pinatutunayan ko na ang impormasyong ibinigay ko ay totoo at tama)

Signature over printed name of patient
 (Lagda sa nakalimbag na pangalan ng pasyente)

Next Dispensing Date: _____
 (Petsa ng susunod na bigay ng gamot)

Note:
 Accomplished form shall be submitted to PhilHealth.
 (Ang kumpletong form ay dapat isumite sa PhilHealth)

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ANNEX H: Approved Benefit Payment and Balance Billing/Co-payment Schedule

1. The maximum per capita rate amount for Konsulta shall be at Php750.00 and Php500.00 for private and public facilities, respectively.
 - a. The Konsulta provider will receive 15% of this amount based on the no. of registered with first patient encounter.
 - b. The Konsulta provider will receive 85% of this amount based on the no. of registered with first patient encounter as of December that year and achieved performance targets at the end of the year.

2. First tranche (15%)
 - a. The Konsulta provider will receive a prorated portion of PhP112.50 (private)/PhP75 (public) based on the no. of registered eligible beneficiaries with first patient encounter (see Annex J, "List of Minimum Personal Information for the First Patient Encounter")
 - b. Monthly encountered data records shall be submitted to PhilHealth every 15th calendar day of the immediately succeeding month. (see Annex I, Submission of Reports)
 - c. The Monthly computed capitation amount based on submitted encountered data records will be released within 30 days from date of submission
 - d. Sample computation:

Table 1: Sample computation for the First Tranche for Public facility

Month	Number individuals registered per month	Number of registered with encountered data record per month	Calculation	Sample Capitation
Jan	2,000	1,500	$1,500 * 75 * (12/12)$	112,500.00
Feb	2,000	2,000	$2,000 * 75 * (11/12)$	137,500.00
Mar	1,500	500	$500 * 75 * (10/12)$	31,250.00
Apr	3,500	3,000	$3,000 * 75 * (9/12)$	168,750.00
May	2,000	600	$600 * 75 * (8/12)$	30,000.00
Jun	1,000	1,500	$1,500 * 75 * (7/12)$	65,625.00
Jul	500	1,000	$1,000 * 75 * (6/12)$	37,500.00
Aug	1,500	750	$750 * 75 * (5/12)$	23,437.50
Sep	2,500	1,300	$1,300 * 75 * (4/12)$	32,500.00
Oct	1,000	800	$800 * 75 * (3/12)$	15,000.00
Nov	1,500	1,000	$1,000 * 75 * (2/12)$	12,500.00
Dec	1,000	900	$900 * 75 * (1/12)$	5,625.00
Total	20,000	14,850		672,187.50

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Table 2: Sample computation for the First Tranche for Private facility

Month	Number individuals registered per month	Number of registered with encountered data record per month	Calculation	Sample Capitation ¹
Jan	2,000	1,500	$1,500 * 112.50 * (12/12)$	168,750.00
Feb	2,000	2,000	$2,000 * 112.50 * (11/12)$	206,250.00
Mar	1,500	500	$500 * 112.50 * (10/12)$	46,875.00
Apr	3,500	3,000	$3,000 * 112.50 * (9/12)$	253,125.00
May	2,000	600	$600 * 112.50 * (8/12)$	45,000.00
Jun	1,000	1,500	$1,500 * 112.50 * (7/12)$	98,437.50
Jul	500	1,000	$1,000 * 112.50 * (6/12)$	56,250.00
Aug	1,500	750	$750 * 112.50 * (5/12)$	35,156.25
Sep	2,500	1,300	$1,300 * 112.50 * (4/12)$	48,750.00
Oct	1,000	800	$800 * 112.50 * (3/12)$	22,500.00
Nov	1,500	1,000	$1,000 * 112.50 * (2/12)$	18,750.00
Dec	1,000	900	$900 * 112.50 * (1/12)$	8,437.50
Total	20,000	14,850		1,008,281.25 – 2% withholding Tax = 988,115.63

3. Second tranche (85%)

- a. The Konsulta provider will receive a maximum of PhP637.50 (private)/PhP425 (public) of the per capita payment rate based on size of the catchment population as of December that year and achieved performance targets at the end of the year.
- b. The performance factor is the cumulative resultant score based on the performance of the provider adjusted using weights set by the Corporation. The following are the performance targets which constitute the performance factor.

Table 3: Performance Indicators in computing for the Performance Factor

	Indicators	Description	Formula	Weights
1	Primary Care Consultation	Unique registered beneficiaries consulted a primary care doctor	$\frac{\text{No. of unique individuals who consult at least once}}{\text{Total catchment population}}$	30%

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¹ 2% Withholding Tax for Private Facilities will be deducted in this amount

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2	Utilization of Laboratory Services	Unique laboratory services done (50%)	$\frac{\text{No. of unique laboratory service done}}{\text{Total catchment population}}$	30%
3	Dispensing of Medicines	Unique registered beneficiaries who received antibiotics as prescribed by their primary care doctor (15%)	$\frac{\text{No. of unique individuals who received medicines for communicable diseases}}{\text{Total catchment population}}$	10%
4		Unique registered beneficiaries who received NCD medication as prescribed by their primary care doctor (20%)	$\frac{\text{No. of unique individuals who received non-communicable medicines}}{\text{Total catchment population}}$	30%
		Performance Factor	Sum of all Indicators × Weights	100%

- c. Percentage of the tranche to be released will be based on the cumulative resultant score based on the performance of the provider.

Table 4: Sample computation for the Second Tranche

	Performance Indicators/Description	Sample Score per Dimension	Computation Formula: $(\text{Score}/\text{Target})^a \times \text{Weight}$ ^a not to exceed 100%	Resultant Score
1	Primary Care Consultation: Unique registered beneficiaries consulted a primary care doctor	50%	$(50/100) \times 0.3$	15%
2	Utilization of Laboratory Services: Unique laboratory services done (50%)	40%	$(40/50) \times 0.3$	24%

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3	Dispensing of Medicines: Unique registered beneficiaries who received antibiotics as prescribed by their primary care doctor (15%)	10%	(10/15)*0.1	6.6%
4	Dispensing of Medicines: Unique registered beneficiaries who received NCD medication as prescribed by their primary care doctor (20%)	15%	(15/20)*0.3	22.5%
	Performance Factor			68.1%

- d. Resultant score will be multiplied to Php425/Php637.50 and to the total no. of registered beneficiaries with first patient encounter as of December of the applicable year.

Table 5: Sample computation for the Second Tranche for **Public** facility

$$\begin{aligned}
 \text{Second Tranche} &= \text{No. of registered beneficiaries with first patient encounter} \times \\
 &\quad \text{Performance Factor} \times (\text{Capitation Amount} \times 60\%) \\
 &= 14,850 \times 68.1\% \times (\text{Php}425.00) \\
 &= \text{Php}4,297,961.25
 \end{aligned}$$

Table 6: Sample computation for the Second Tranche for **Private** facility

$$\begin{aligned}
 \text{Second Tranche} &= \text{No. of registered beneficiaries with first patient encounter} \times \\
 &\quad \text{Performance Factor} \times (\text{Capitation Amount} \times 60\%) \\
 &= 14,850 \times 68.1\% \times (\text{Php}637.50) \\
 &= \text{Php}6,446,941.88 - 2\% \text{ withholding Tax} \\
 &= \text{Php}6,318,003.04
 \end{aligned}$$

- e. All encoded patient encounter data must be submitted to PhilHealth by the 30th calendar day of January of the immediate succeeding year.
- f. The computed performance tranche amount based on submitted patient encounter data will be released within 30 days from date of submission.

4. Balance Billing/Co-Payment

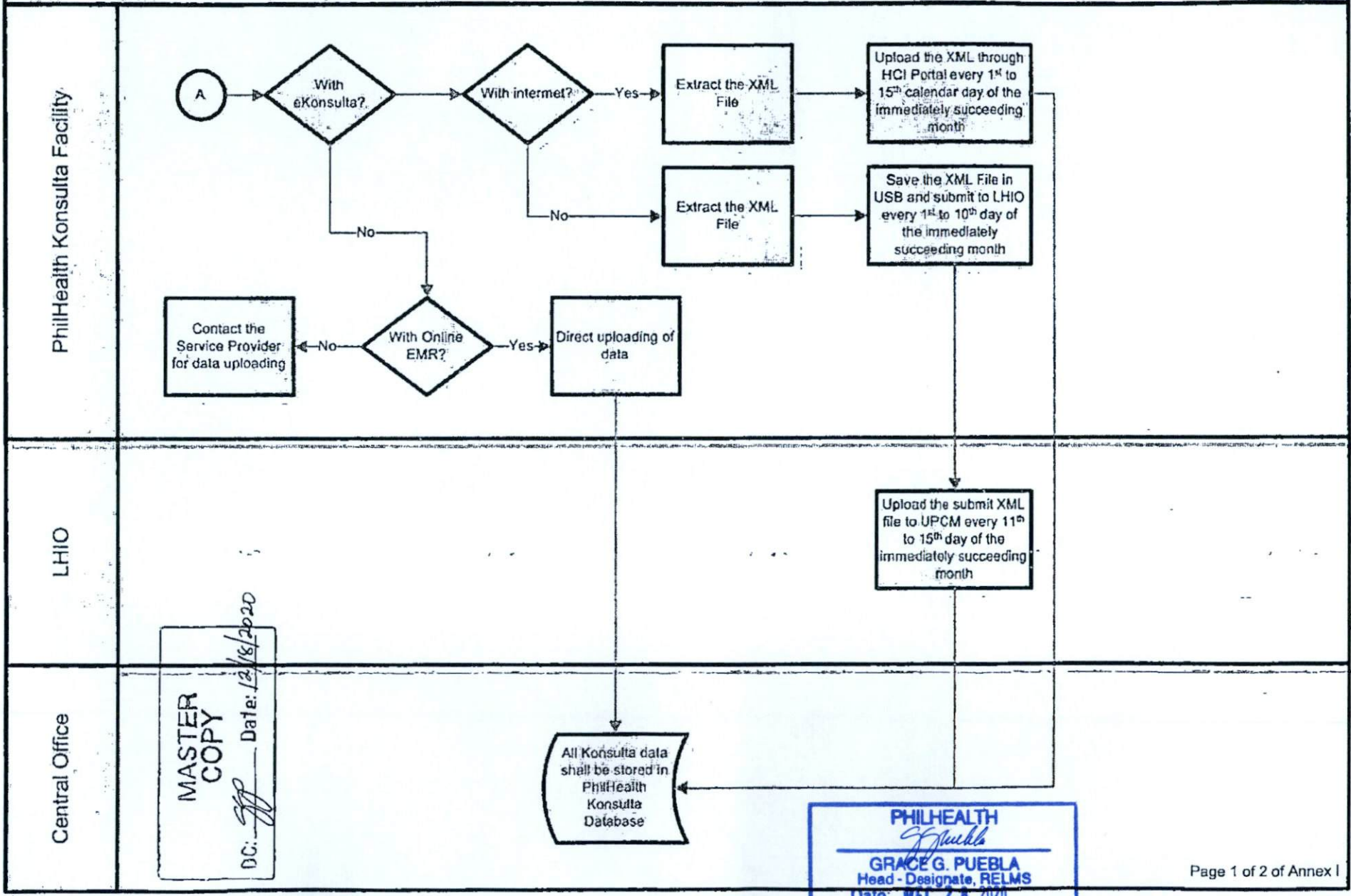
- a. Private facilities shall be allowed to charge balance billing/co-payment cap of Php500.00 on a per beneficiary basis.

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Annex I. Submission of Report (For the 1st Tranche)



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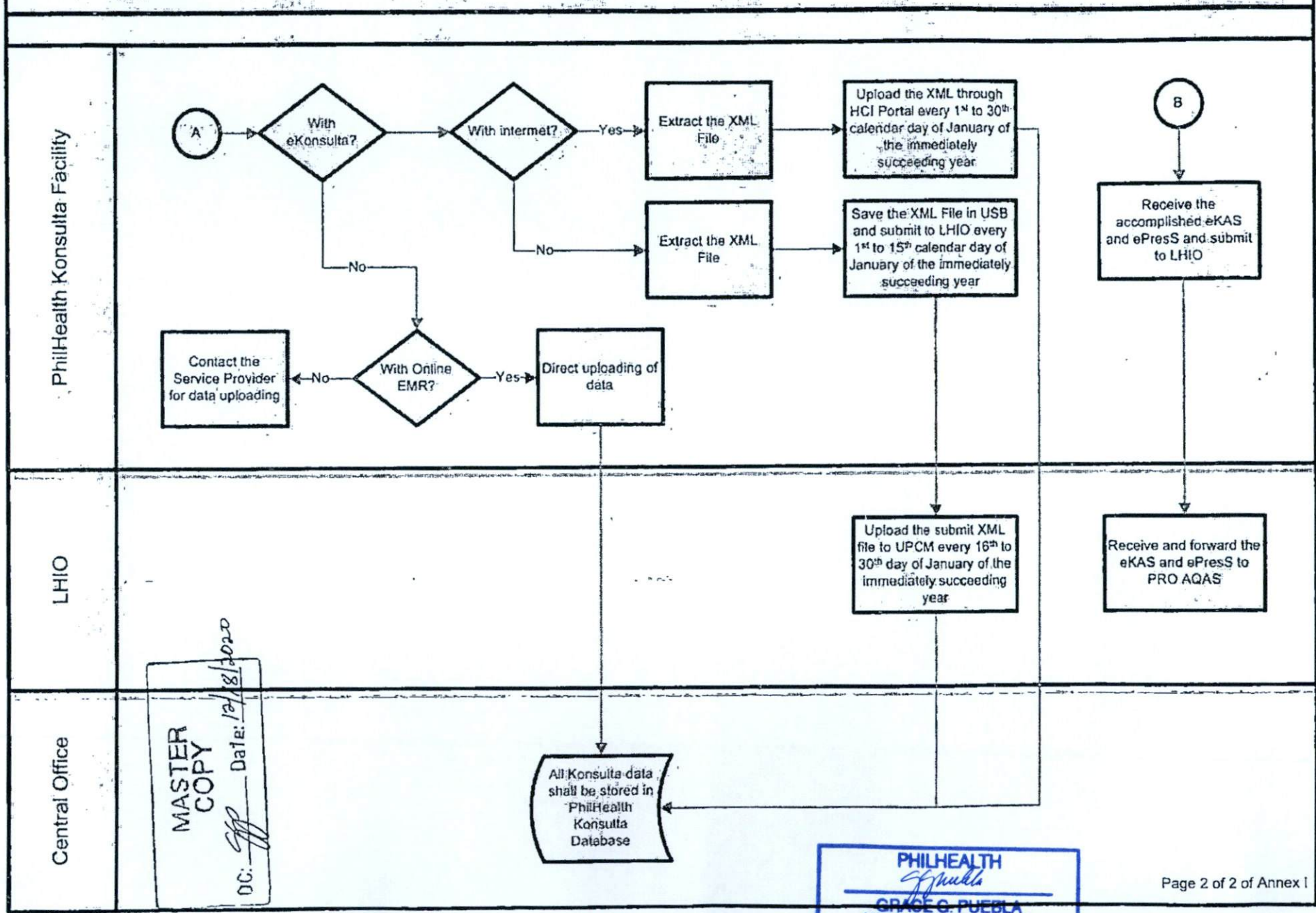
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All Konsulta data shall be stored in PhilHealth Konsulta Database

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Annex I. Submission of Report (For the 2nd Tranche)



PhilHealth Konsulta Facility

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ANNEX J: List of Minimum Personal Information for the First Patient Encounter

- A. PhilHealth Identification Number (PIN)
 - B. Name (Last, First, Middle, Extension)
 - C. Date of Birth
 - D. Sex (Male/Female)
 - E. Client Type (Member or Dependent)
 - F. Past Medical History
 - G. Family History
 - Fasting Blood Sugar/Random Blood Sugar
 - H. Personal and Social History
 - i. Smoking
 - ii. Alcohol
 - iii. Illicit Drug
 - iv. Sexually Active
 - I. Vital Signs and Anthropometrics
 - i. Blood Pressure
 - ii. Heart Rate
 - iii. Respiratory Rate
 - iv. Temperature
 - v. Height
 - vi. Weight
 - vii. BMI
- Pediatric Client (aged 0-24 months)
- i. Middle and Upper Arm Circumference
 - ii. Z-Score (aged 0-60 months)

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