



BAGONG PILIPINAS

Republic of the Philippines  
Province of Cagayan  
TUGUEGARAO CITY

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JAN 22 2025  
3:02 pm

Jacqueline S. Mac

OFFICE OF THE CITY MAYOR

21 January 2025

THE PRESIDING OFFICER AND MEMBERS

Sangguniang Panlungsod

This City


Dear *Presiding Officer and Members of the Sanggunian*:

Herewith is the Local Health Board Resolution No. 004, Series of 2025, entitled: "A Resolution Providing Guidelines for the Implementation of the Universal Health Care (UHC) Law through the PhilHealth Capitation Fund under the Konsulta Program", for your information and appropriate action.

For your reference and perusal attached herewith are PhilHealth Circular No. 2024-0013 and Internal Guidelines and Policies for the Implementation of the UHC Law.

Thank you!

In the name of public service,

  
MAILA ROSARIO S. TING-QUE  
City Mayor

Copy furnished:

- City Health Office



# LOCAL HEALTH BOARD

## RESOLUTION NO. 004, SERIES OF 2025

### **A RESOLUTION PROVIDING GUIDELINES FOR THE IMPLEMENTATION OF THE UNIVERSAL HEALTH CARE (UHC) LAW THROUGH THE PHILHEALTH CAPITATION FUND UNDER THE KONSULTA PROGRAM**

**WHEREAS**, Republic Act No. 11223, otherwise known as the Universal Health Care (UHC) Act, mandates the equitable access to quality and affordable health care services for all Filipinos;

**WHEREAS**, the PhilHealth Capitation Fund under the Konsulta Program is a primary mechanism to ensure the availability of financial resources for accredited Health Care Institutions (HCIs) to deliver required health services;

**WHEREAS**, there is a need to establish guidelines on the utilization of the PhilHealth Capitation Fund to ensure the effective implementation of the UHC Law and the Konsulta Program in the locality;

**NOW, THEREFORE**, upon motion duly seconded, the Local Health Board hereby resolves as follows:

#### **SECTION 1. FUND UTILIZATION GUIDELINES**

##### **A. Health Care Institution (HCI) Allocation - 60%**

The HCI portion of the PhilHealth Capitation Fund shall be utilized as follows:

- For the procurement of drugs, medicines, reagents, vaccines, and medical supplies essential for patient care and treatment.
- For the acquisition of necessary equipment such as ambulances, ambubags, stretchers, and IT equipment specific for facility use to facilitate reporting and database management.

This allocation may also cover:

- Capacity building and training of staff.
- Infrastructure improvements or renovations essential to service delivery.
- Referral fees for diagnostic services not available in the facility.
- Professional fees for Pathologists.





## **LOCAL HEALTH BOARD**

### **B. Professional Fee (PF) Allocation - 40%**

- For physicians providing services under the Konsulta Program.
- For permanent staff involved in the delivery of Konsulta Program services.
- For casual, job order and HRH personnel assisting in the implementation of the program.
- For Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW) to support their roles in community-based health service delivery.

### **SECTION 2. IMPLEMENTATION AND MONITORING**

1. The City Health Office (CHO) shall oversee the effective utilization of the funds and ensure compliance with these guidelines.
2. Regular financial and programmatic reports shall be submitted to the Local Health Board for transparency and accountability.
3. Audits shall be conducted periodically to verify proper fund allocation and adherence to the objectives of the Konsulta Program.

**DONE** this 10<sup>th</sup> day of January, Two Thousand and Twenty Five, at the City Mayor's Office Conference Room, Tuguegarao City Hall, Tuguegarao City.

**UNANIMOUSLY APPROVED.**

**I HEREBY CERTIFY TO THE CORRECTNESS OF THE FOREGOING**

**ROBIN R. ZINGARAN, MD, FPSMS, DPCAM**

*Vice-Chairman- Local Health Board*

*City Health Officer*

**ATTESTED:**

**MAILA ROSARIO C. TING-QUE**

*Chairman, Local Health Board*

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Tuguegarao City, Cagayan



## **CITY HEALTH OFFICE**

### **Internal Guidelines and Policies for the Implementation of the UHC Law**

#### **PhilHealth Capitation Fund under the Konsulta Program City Health Office, Tuguegarao City**

**Taken during the Staff Meeting on January 17, 2025**

#### **1. Purpose**

To ensure effective and efficient utilization of the PhilHealth Capitation Fund under the Konsulta Program for delivering quality healthcare services to all registered beneficiaries.

#### **2. Coverage**

This policy applies to all personnel, resources, and facilities involved in the implementation of the Konsulta Program at the City Health Office.

#### **3. Registration of Beneficiaries**

1. Promote PhilHealth membership enrollment and Konsulta provider selection.
2. Assist residents in registering with the Konsulta Program through the PhilHealth portal.
3. Maintain an updated list of registered beneficiaries.

#### **4. Services Offered**

1. Preventive, promotive, and curative services, including:
  - Primary health consultations.
  - Screening, diagnostics, and laboratory tests.
  - Health promotion and disease prevention education.
2. Ensure availability of medicines and medical supplies in alignment with the Philippine National Drug Formulary.

#### **5. Fund Utilization**

The PhilHealth Capitation Fund is allocated as follows:

##### **A. Health Care Institution (HCI) Allocation - 60%**

1. Procurement of drugs, medicines, reagents, vaccines, and medical supplies essential for patient care and treatment.
2. Acquisition of necessary equipment such as ambulances, ambubags, stretchers, and IT equipment specific for facility use to facilitate reporting and database management.
3. Payment of hazardous waste disposal services to ensure compliance with environmental and health regulations.





## **CITY HEALTH OFFICE**

4. May also cover:

- Capacity building and training of staff.
- Infrastructure improvements or renovations essential to service delivery.
- Referral fees for diagnostic services not available in the facility.
- Professional fees for Pathologists.

### **B. Professional Fee (PF) Allocation - 40%**

1. **25%** - For physicians providing services under the Konsulta Program.
2. **30%** - For permanent staff involved in the delivery of Konsulta Program For casual, job order, and HRH personnel assisting in the implementation of the program.
3. **5%** - For Barangay Nutrition Scholars (BNS) and Barangay Health Workers (BHW) to support their roles in community-based health service delivery.

### **6. Roles and Responsibilities**

1. **City Health Officer (CHO)**
  - Supervise overall implementation and ensure program compliance.
2. **PhilHealth Coordinator**
  - Manage beneficiary registration, records, and PhilHealth claims.
3. **Healthcare Staff**
  - Provide services in line with program guidelines.

### **7. Monitoring and Evaluation**


1. Conduct regular reviews of the program's performance and fund utilization.
2. Submit required reports to PhilHealth and the Local Government Unit (LGU).
3. Use beneficiary feedback for continuous service improvement.

### **8. Accountability**

All personnel are expected to comply with these guidelines. Failure to comply with the established policies may result in sanctions, including but not limited to disciplinary actions or termination, as determined by the City Health Officer and the relevant authorities.

### **9. Effectivity**

These guidelines shall take effect immediately upon approval and dissemination. They shall remain in force until amended or superseded by future policies.

  
**ROBIN R. ZINGAPAN, MD, FPSMS, DPCAM**

*City Health Officer*

**PHILHEALTH CIRCULAR**

No. 2024-0013

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

**SUBJECT : Enhancement of the PhilHealth Konsulta Benefit Package**

**I. RATIONALE**

As an initial step towards adopting a comprehensive approach in delivering primary care, PhilHealth has committed through PhilHealth Board Resolution (PBR) No. 2479, s. 2019 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". Subsequently, the Implementing Guidelines for PhilHealth Konsulta was released as PC No. 2020-0022 which outlined the implementing provisions to operationalize the benefit package. The issuance has been revised three (3) times since to accommodate relevant changes to the policy through PC No. 2022-0005, PC No. 2023-0013, and PC NO. 2024-0002.

By virtue of PBR No. 2891, s. 2024, PhilHealth Konsulta Benefit Package was further enhanced to align with the interest of the Philippine Government to incentivize providers to provide primary care services and to encourage wider screening for early detection of chronic diseases including breast cancer.

**II. OBJECTIVES**

The policy 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 rules on registration to a primary care provider, benefit availment, applicable payment mechanism, reporting rules, and performance assessment.

**III. SCOPE**

This PhilHealth Circular applies to all payments for select primary care services and commodities availed in accredited Konsulta Package Providers (KPPs). This is part of the progressive realization towards the implementation of a Comprehensive Outpatient Benefit Package (COBP) as required under the Universal Health Care Law. The revised rates shall apply to sandbox sites once the applicable issuances are adjusted accordingly.

#### IV. DEFINITION OF TERMS

- A. Capitation** – a provider payment mechanism where providers are paid a fixed amount prospectively to provide a defined set of goods and services for each enrolled individual for a fixed period of time, regardless of the goods and services actually provided which is influenced by particular characteristics of individuals that influence their health as part of the estimation of the payment.
- B. Catchment Population** – the population within a geographical area defined and served by a health care provider network. For purposes of this PhilHealth Circular, the PhilHealth Konsulta catchment population shall mean all eligible beneficiaries who are currently registered to a KPP.
- C. Co-Payment Cap** – the maximum amount set by PhilHealth that a KPP can charge a patient at any given year.
- D. Co-Payment Schedule** – the amount charged by a KPP for each visit/service delivered to the eligible beneficiary. The amount should not exceed the 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 the client's encounter data/consultation records to include diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed medicines.
- F. Electronic Medical Record (EMR)** – 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 Beneficiaries** – all Filipinos given immediate eligibility in accordance with Republic Act No. 11223 and its Implementing Rules and Regulations (IRR), as well as other qualified PhilHealth beneficiaries.
- H. Empanelment** – the identification and assignment of populations to specific health care facilities, teams, or providers who are responsible for the health needs and delivery of coordinated care in that population. This is also referred to as "rostering".
- I. First Patient Encounter (FPE)** – initial episode of patient contact for the year whereby a primary care provider takes and/or updates the basic health data of an eligible beneficiary to identify their health risks. The FPE is not a medical consultation.
- J. 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.
- K. Patient Encounter** – subsequent individual episodes of care after the first





patient encounter provided by a primary care provider which are then duly reported to PhilHealth on a regular basis.

- L. Patient Navigation** – the function of a primary care provider as the first point of contact for patients to coordinate and direct the individual to the appropriate health care provider of a particular level of care, to obtain health services needed to manage a wide range of health needs.
- M. Performance-Based Payment** – a method where payments to providers are linked to the achievement of pre-specified performance targets.
- N. Social Marketing** – the application of principles and techniques drawn from the commercial sector to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefits of individuals, groups, organizations, or society as a whole.
- O. Social Mobilization** – the process of bringing together all possible intersectoral partners and allies to participate in development programs. It aims to empower individuals and communities to identify their needs, their rights, and their responsibilities, change their ideas and beliefs, and organize the human, material, financial and other resources required for social economic development. It is an approach that provides individuals and groups with knowledge and skills and mediates between different interest groups to create environments that support and promote health.
- P. Telemedicine** – the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.

## V. POLICY STATEMENTS

### A. Eligibility, Registration, Eligibility, and Assignment to an Accredited Konsulta Package Provider (KPP)

1. All Filipinos and other qualified PhilHealth beneficiaries shall be eligible to avail of the PhilHealth Konsulta Benefit Package.
2. Registration and assignment of beneficiaries to a KPP of their choice in consideration of the maximum catchment population. PhilHealth members shall accomplish PhilHealth Konsulta Registration Form or PKRF (Annex A: PhilHealth Konsulta Registration Form). It shall be done through the following mechanisms:

#### a. Member-Initiated Registration

An online platform shall be provided to enable beneficiaries to register to their preferred Konsulta facility anytime and anywhere.

#### b. PhilHealth-Assisted and Initiated Registration





PhilHealth shall assist in registering beneficiaries to a KPP through its Local Health Insurance Offices (LHIOs), PhilHealth Customer Assistance, Relations and Empowerment Staff (PCARES), PhilHealth Action Center and other avenues as may be determined by the Corporation.

c. Third-Party Assisted Registration

Konsulta registration partners, which include but are not limited to KPPs, the Local Government Units (LGUs), private and government Health Facilities (HFs), employers, educational institutions, organized groups, and other government and private institutions, shall be authorized to assist in registering beneficiaries to their preferred KPPs, subject to compliance with data privacy rules and regulations, through any of the following means:

- c.1. Transmission of existing validated records from KPPs to PhilHealth through proprietary IT systems or third-party Health Information Technology Providers (HITPs), provided that the external registration application used has been certified by PhilHealth.
- c.2. Adoption of PhilHealth registration systems intended for external users.
- c.3. Submission to PhilHealth of the lists of beneficiaries in XML or excel format with duly accomplished PKRF. The said lists shall be processed by batches using a script or applicable internal application system.

Interested parties in facilitating third-party assisted registration are required to submit a Letter of Intent (LOI) to the concerned PRO/LHIO for its evaluation and approval.



- 3. KPPs shall endeavor to accept any and all beneficiaries who will present themselves for registration which, if needed, may be done in the same visit as for the First Patient Encounter (FPE).
- 4. Registration of eligible beneficiaries to an accredited KPP shall be guided by the following:
  - a. All accredited KPPs shall be published in the PhilHealth website;
  - b. Eligible beneficiaries may check the PhilHealth website for information on their preferred KPP which may include the following: their location, co-payment schedule, and co-pay cap; and
  - c. Filipinos not yet registered with the National Health Insurance Program (NHIP) shall register in accordance with existing PhilHealth policies and procedures.
- 5. Transfer to another KPP shall be allowed subject to the following conditions and the beneficiary shall accomplish the PhilHealth Konsulta Registration Form (Annex A):

a. Within the Current Year

- a.1. Transfer shall be allowed from one KPP to another if the beneficiary has not yet availed of the First Patient Encounter (FPE).
- a.2. In the event that a beneficiary's current KPP ceases operation due to circumstances beyond its control and through no fault of its own, the beneficiary may transfer to a new KPP of their choice who shall be allowed to render a new FPE for the remainder of the year. The new KPP is entitled to receive the capitation due it, in accordance with this PhilHealth Circular.
- a.3. In the event that a beneficiary's current KPP ceases operation due to negligence; fault; or withdrawal, non-renewal, or suspension of accreditation; PhilHealth shall institute payment recovery measures for any capitation already paid, subject to just compensation for the time period it was operating in compliance with and faithful to this PhilHealth Circular. The beneficiary may transfer to a new KPP of their choice who shall be allowed to render a new FPE for the remainder of the year. The new KPP is entitled to receive the capitation due it, in accordance with this PhilHealth Circular.

b. For the Succeeding Year

Transfer of registration to another KPP shall be done in the last quarter of the current year.

6. KPPs shall be allowed to conduct social mobilization and social marketing to promote the PhilHealth Konsulta Benefit Package. Promotional activities include, among others, oral presentations, social marketing campaigns, and posting and distribution of written information, education, and communication materials. KPPs shall coordinate with PhilHealth PROs for branding and communication guidance.
7. 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 KPP. The counting of the current catchment population already empaneled with the KPP, which determines if a KPP can still accept additional beneficiaries, shall be based on the actual count of FPE done.
8. KPP shall regularly check for updates on the registration master list through appropriate application systems.

B. PhilHealth Konsulta Benefit Package Content

1. The PhilHealth Konsulta Benefit Package covers individual-based health services including:
  - a. Health screening and primary care consultations, including but not limited to counselling for family planning, smoking cessation,



adherence to medication, and routine monitoring for communicable and non-communicable diseases (Annex B: PhilHealth Konsulta Benefit Table); and

- b. Access to select diagnostic services (Annex B) and medicines (Annex C: Checklist of PhilHealth Konsulta Drugs and its Preparations) based on the health needs of the patients as assessed by the KPP physician during consultation.
2. Covered services provided through telemedicine with a duly licensed and accredited healthcare provider shall be allowed. Services provided through telemedicine need to be recorded, encoded, and submitted to PhilHealth using applicable systems. Services not reported to PhilHealth shall not be counted as part of performance.
3. KPPs may implement innovations to ensure that their catchment population has access to all services. These innovations must be lawful and not contrary to existing policies of the DOH and PhilHealth, including any requirements for health technology assessment (HTA), as may be applicable, in accordance with law. The adopted innovations as may be reflected in the Performance Commitment 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. KPPs shall perform patient navigation. KPPs shall serve as the initial point of contact for the eligible beneficiary in accessing health services. For cases where the patient requires services that the KPP cannot provide, the KPP shall duly refer the patient to a PhilHealth accredited healthcare facility.
5. KPPs, with the consent of the patient, shall perform preventive health services such as health screening and assessment according to the life stage and health risks of individuals in their catchment population (Annex D: List of Preventive Health Services Based on Life Stage Guarantees).
6. The services included in this package will be reviewed and improved periodically based on PhilHealth's benefit development process and upon positive recommendation of the Health Technology Assessment Council (HTAC).

C. Additional Requirements for Konsulta Package Accreditation

1. The following accreditation requirements shall be enforced starting the first day of the 3rd calendar year (2027) following the publication of this PhilHealth Circular, at which point, KPPs who cannot provide the full roster of services and/or meet the identified additional requirements shall no longer be eligible for accreditation, unless otherwise indicated by Corporation:
  - a. Mandatory inclusion of mammogram and ultrasound in the roster of services provided by the KPP, either through direct provision or service level agreements with other health facilities;





- b. Optional inclusion of visual inspection with ascetic acid (VIA) as an alternative to Pap smear;
  - c. Mandatory training requirements for healthcare workers employed and/or engaged by the KPP. This shall include but are not limited to the following:
    - c.1. Family Planning Competency-based training level 1 (FPCBT 1) or its equivalent;
    - c.2. Home, Education/employment, Peer Group Activities, Drugs, Sexuality, and Suicide/depression (HEADSS) Assessment training or its equivalent;
    - c.3. Mental Health and Psychosocial Support (MHPSS) or its equivalent;
    - c.4. Philippine Integrated Management of Severe Acute Malnutrition (PIMAM) or its equivalent; and
    - c.5. Maternal Nutrition, Infant and Young Child Feeding (MNIYCF) training or its equivalent.
  - d. Optional training requirements for healthcare workers employed and/or engaged by the KPP. This shall include:
    - d.1. Visual Inspection with Acetic Acid (VIA) Wash Method Training;
    - d.2. Family Planning Competency-based training level 2 (FPCBT 2) or its equivalent;
    - d.3. Primary Health Care Training for Tuberculosis (TB) or its equivalent; and
    - d.4. Primary Health Care Training for Human Immunodeficiency Virus (HIV) or its equivalent.
  - e. Any subsequent trainings that the Corporation may require through future issuances.
  - f. Combined training programs provided by DOH or through training institutions duly recognized by DOH shall be accepted. These shall be counted as multiple trainings based on the declared included topics.
2. Within the next three (3) years, health facilities shall, as part of accreditation, indicate whether they have complied with the additional requirements as listed above as soon as they have secured the appropriate certifications, contracts, and/or service capacity.

D. PhilHealth Konsulta Benefit Availment Process

- 1. The conduct of the FPE within the first year of registration shall be the shared responsibility of the KPPs and all newly registered eligible beneficiaries.

The following may render an FPE on behalf of the KPPs:

- a. Barangay health workers (BHWs) of the barangay health stations (BHS) under supervision of the accredited KPP;



- b. Nurses and midwives of the BHS and/or RHU of the accredited KPP;
  - c. Medical clerks or interns authorized by their training institutions and under supervision of the accredited KPP;
  - d. Nurses of on-site clinics of employers with accredited KPP;
  - e. Physicians of accredited KPPs; and
  - f. Any duly trained allied medical or health support staff of the KPP.
2. KPPs and all eligible beneficiaries shall follow the benefit availment process set forth by the Corporation (Annex E: PhilHealth Konsulta Benefit Availment Process). A photo shall be taken as proof of actual visit and stored in the KPP together with the client's record. Consent to take a photo must be secured from Konsulta beneficiaries (Annex F: Template for Photo Consent Form).
  3. All FPEs [Annex G: Template for Health Screening/First Patient Encounter (FPE)] conducted prior to registration shall be considered valid provided that the beneficiaries were registered to their preferred KPP within the applicable year.
  4. KPPs shall generate and print the Electronic Konsulta Availment Slip (EKAS) or its equivalent immediately after each patient encounter and Electronic Prescription Slip (EPRESS) or its equivalent for prescribed medicines [Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)].
  5. All eligible beneficiaries availing of the benefit shall provide feedback and sign the EKAS and/or EPRESS or its equivalent after every transaction or affix thumbmark if the Konsulta beneficiary is unable to write or sign. For minors, the parent-member or guardian shall sign in their behalf.
  6. The KPP shall submit the accomplished reply slip with an anonymized patient satisfaction survey to PhilHealth on or before 10<sup>th</sup> working day of the succeeding month following the applicable quarter. A secured drop box or other similar means of collection may be used at the point of care, to be submitted to PhilHealth. KPPs shall give the rest of the EKAS and/or EPRESS or its equivalent to the beneficiary for their record.
  7. Beneficiaries who avail of their Konsulta services where they are registered shall be entitled to benefits herein. Should beneficiaries opt to avail from other KPPs where they are not registered, or other primary care providers which are not KPPs, or laboratory/diagnostic and/or pharmacy service providers not engaged by KPPs, they may be subject to out-of-pocket charges.



#### E. Provider Payment Mechanism

1. The PhilHealth Konsulta Benefit Package shall be paid as an annual capitation computed and released as performance-based payment. The maximum per capita rate shall be One Thousand Seven Hundred pesos (PHP 1,700.00) for both public and private to be paid in tranches (Annex I: Approved Benefit Payment and Co-Payment/Cost Sharing Schedule with Sample Computation).

2. The first tranche for the succeeding years of registered beneficiaries shall be paid in full provided that the KPP conducted at least one medical consultation for the beneficiary within the previous year. If the KPP did not conduct at least one medical consultation within the previous year, a new FPE shall be performed in the succeeding year to avail of the first tranche of capitation payment. In addition, the KPP shall accomplish the Request for SAP Generation (Annex J: SAP Generation Request Form) after submission of complete data records to the nearest LHIO.
3. Capitation rates shall be set by the Corporation and shall be paid in tranches (Annex I).
4. The capitation rate, tranches, and performance targets shall be periodically reviewed by the Corporation for modification and adjustments.
5. ~~PhilHealth shall pay using the Auto-Credit Payment Scheme (ACPS) and KPPs shall enroll an account to be used for this purpose.~~
6. KPPs may charge fees for essential services and commodities not included in the benefit package.
7. KPPs shall comply with the obligations identified in the KPP's performance commitments and co-payment/cost sharing rules stipulated in this issuance, its annexes, and all other applicable issuances.
8. Private KPPs are allowed to design their own co-payment schedule as long as it will not exceed the co-payment cap (Annex I).
9. Consequently, all KPPs shall provide a price schedule of all primary and outpatient care services, diagnostics, and medicines provided by the KPP to PhilHealth.
10. Private KPPs shall inform their catchment population of the co-payment cap and schedule and post the co-payment schedule at visible areas on their facility.
11. Existing PhilHealth policies on co-payment and cost sharing shall apply to all eligible beneficiaries registered in a government KPP.
12. In cases where eligible beneficiaries are temporarily transferred or referred by a KPP to another facility for reasons including but not limited to the inability to provide services due to staffing shortages within the period of accreditation, the referring facility shall cover the cost of care to the referral facility for the period of the transfer or for the referred health services covered by the PhilHealth Konsulta. 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.
13. In case of any disagreement with the computed reimbursement, existing guidelines on appeal and motion for reconsideration (MR) shall apply.
14. 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 co-payment for PhilHealth Konsulta services.

F. **Disposition and Allocation of the Capitation**

1. Capitation payments shall be utilized to cover all essential services, medicines provided for in this PhilHealth Circular and other operating expenses to support delivery of health care including but not limited to engagement of additional personnel (e.g. physician, dentist, nurses, pharmacist, midwives, etc.; and also non-healthcare workers such as encoders, among others), internet subscription, IT service provider subscription fee and 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 KPP. PhilHealth shall not prescribe how performance incentives will be shared or disbursed.
2. Public facilities shall continue to maintain a trust fund for reimbursements received from PhilHealth or its equivalent for private providers. Payments for PhilHealth Konsulta shall be accounted for in a subsidiary ledger or its equivalent for private providers. PhilHealth shall reserve the right to review the ledgers and subsidiary ledgers as the Corporation deems fit, in accordance with its rules and procedures.
3. For public/government KPPs, the share of performance incentives shall be defined through an **approved Sanggunian resolution or any similar issuance on internal guidelines of KPP. For the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)**, certification for the creation of a ledger, trust fund, or equivalent shall be issued by the DOH-BARMM.
4. PhilHealth shall not prescribe or differentiate facility and professional fee sharing, in accordance with Section 18(b) of Republic Act No. 11223 (Universal Health Care Act).
5. For private KPPs, the share of performance incentives shall be defined through their internal policies in accordance with their management.
6. For capitation payments, existing PhilHealth policy on late filing of claims shall apply in handling submissions of patient encounters beyond the prescribed period.

G. **Handling and Submission of Health Data**

1. All health data shall be encoded in the PhilHealth-certified application systems for electronic transmission to PhilHealth (Annex K: Schedule for Submission of Reports). These application systems shall be periodically updated by their developers, at their own expense, to align with the latest updates to PhilHealth Konsulta policy.
2. As part of registration, PhilHealth shall secure patient consent to access their health data from their KPPs. KPPs shall submit the required information from the electronic patient record data to PhilHealth as soon as the record is available and in accordance with the prescribed format. Submissions shall include all records of encounters with eligible



beneficiaries (Annex K).

3. KPPs shall host and safeguard electronic patient records in accordance with existing rules and regulations in managing health information and data privacy. KPP and all its staff and all affiliated facilities and individuals shall commit to keep the members' personal information confidential, secure, and affirm the fundamental right of all persons, with particular emphasis on its members and their dependents, to privacy in compliance with Republic Act No. 10173 (Data Privacy Act of 2012).

#### H. Monitoring and Evaluation

PhilHealth, through its Healthcare Provider Performance Assessment System (HCPPAS), 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 PhilHealth Konsulta benefit 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 or its equivalent.

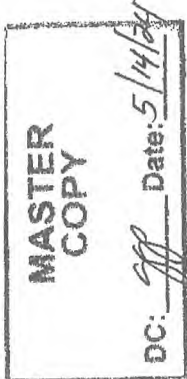
This policy shall be regularly reviewed and enhanced as necessary.

#### I. Annexes (to be posted in PhilHealth website)

1. Annex A: PhilHealth Konsulta Registration Form
2. Annex B: PhilHealth Konsulta Benefit Table
3. Annex C: Checklist of PhilHealth Konsulta Drugs and its Preparations
4. Annex D: List of Preventive Health Services based on Life Stage Guarantees
5. Annex E: PhilHealth Konsulta Benefit Availment Process
6. Annex F: Template for Photo Consent
7. Annex G: Template for Health Screening/First Patient Encounter (FPE)
8. Annex H: Electronic Konsulta Availment Slip (EKAS) and Electronic Prescription Slip (EPRESS)
9. Annex I: Approved Benefit Payment and Co-Payment/Cost Sharing Schedule with Sample Computation
10. Annex J: SAP Generation Request Form
11. Annex K: Schedule for Submission of Reports

#### VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, terms and conditions of the Performance Commitment and all existing related laws and policies shall be dealt with and penalized in accordance with pertinent provisions of RA No. 7875, as amended by



RA Nos. 9241 and 10606, and RA No. 11223, and their respective Implementing Rules and Regulations, and other relevant laws.

**VII. TRANSITORY CLAUSE**

PhilHealth shall issue advisories on the implementation of system enhancements according to the provisions of this PhilHealth Circular.

PhilHealth shall endeavor to fully automate the registration process. Once fully automated, manual submission of PKRF shall cease to be required.

Any changes in capitation, if any, shall apply in the immediate applicable year. When necessary, changes in payments shall be adjusted retrospectively relative to the new capitated amount less any capitation payments already paid.

Currently accredited KPPs who can provide VIA, mammogram, and/or ultrasound services shall have to inform PhilHealth of the availability of these services through reaccreditation. Further, the same process shall apply for updating of training requirements. Reaccreditation, for this purpose, shall not entail any additional accreditation fee within the next three (3) years or as otherwise indicated by the Corporation.

**VIII. SEPARABILITY CLAUSE**

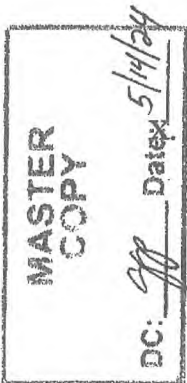
In the event that any part or provision of this PhilHealth Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

**IX. REPEALING CLAUSE**

PhilHealth Circular No. 2024-0002: Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package (Revision 3) is repealed accordingly. Further, this PhilHealth Circular amends salient provisions in Annex A of PhilHealth Circular No. 2020-0021: Accreditation of HCPs for Konsulta Package.

**DATE OF EFFECTIVITY**

This PhilHealth Circular shall take effect immediately after publication in a newspaper of general circulation. Three (3) copies shall be deposited thereafter with the Office of the National Administrative Register of the University of the Philippines Law Center.



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

Date signed: 5/10/24

Enhancement of the PhilHealth Konsulta Benefit Package