



Republic of the Philippines
Region IX
PROVINCE OF ZAMBOANGA SIBUGAY
Municipality of Buug
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OFFICE OF THE SANGGUNIANG BAYAN

Excerpt FROM THE MINUTES OF THE 17TH REGULAR SESSION OF THE SANGGUNIANG BAYAN NG BUUG ZAMBOANGA SIBUGAY HELD AT THE MUNICIPAL SESSION HALL, BUUG, ZAMBOANGA SIBUGAY ON MAY 5, 2025 AT 10:00 IN THE MORNING.

NAME	POSITION	PRESENT	ABSENT	LATE	OB
HON. JONAM R. LAGAS	Municipal Vice-Mayor Presiding	√			
Hon. Marvin Jessie G. Gako	SB Member	√			
Hon. Sherwin R. Quintero	SB Member	√			
Hon. Romeo L. Cerbo	SB Member	√			
Hon. Freida C. Curiba	SB Member	√			
Hon. Abdul S. Dimasagka	SB Member	√			
Hon. Julio S. Alcantara, Sr.	SB Member	√			
Hon. Eduardo F. Emorecha	SB Member	√			
Hon. Renato T. Banagan	SB Member	√			
Hon. Keith Jones B. Lagas	Liga Ng Mga Barangay		√		
Hon. Riel Laurence F. Maquiling	SKF President		√		

MUNICIPAL ORDINANCE NO. 13-2025

IMPLEMENTING GUIDELINES FOR THE PHILHEALTH KONSULTASYONG SULIT AT TAMA (PHILHEALTH KONSULTA) PACKAGE IN BUUG, ZAMBOANGA SIBUGAY

WHEREAS, RA 11223 or the Universal Health Care (UCH) Act of 2019 aims to ensure that all Beneficiaries have equitable access to quality and affordable health care, goods and services, as well as provide protection against financial risk;

WHEREAS, Section 6 of the Universal Health Care Law states that every beneficiary shall be granted immediate eligibility and access to preventive, promotive, curative, rehabilitative, and palliative care for medical, dental, mental, and emergency health services, delivered either as population-based or individual-based health services;

WHEREAS, the Philippine Health Insurance Corporation (PhilHealth), in its aspiration to achieve the UHC goal by ensuring all beneficiaries have access to primary care providers who deliver essential health services, issued Circular No. 2022-005 titled "Implementing Guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package," which integrates the existing Primary Care Benefit and Expanded Primary Care Benefit packages;

WHEREAS, Republic Act No. 7160, or the Local Government Code of 1991, devolved the delivery of health services to local government units (LGUs), empowering them to implement programs for the welfare of their constituents;

WHEREAS, the Local Government Unit (LGU) of Buug, through its Municipal Health Office, aims to provide quality health services to its constituents and shall be an accredited PhilHealth Konsulta provider;

NOW, THEREFORE, be it enacted by the Sangguniang Bayan of Buug, Zamboanga Sibugay, in session duly assembled:

SECTION 1. This ordinance shall be entitled **"IMPLEMENTING GUIDELINES FOR THE KONSULTASYONG SULIT AT TAMA (PHILHEALTH KONSULTA) PACKAGE IN BUUG, ZAMBOANGA SIBUGAY"**.

SECTION 2. DEFINITION OF TERMS:

- 2.1.** 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 un-consenting individuals to a provider, and/or deliberately targeting the registration of mostly healthy and or low-risk individuals to maximize profit.
- 2.2.** 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.
- 2.3.** Balance billing/Co-payment schedule -- the amount charged by a PhilHealth Konsulta Provider for each visit service delivered to eligible beneficiary. The amount should not exceed the balance billing/co-pay cap set for the year.
- 2.4.** Catchment Population - all registered eligible beneficiaries to a PhilHealth Konsulta Provider.
- 2.5.** Electronic Konsulta (eKonsulta) – a PhilHealth developed web-based stand-alone application which may be used by the Konsulta facility as an intern 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.
- 2.6.** 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.
- 2.7.** Eligible Beneficiary - refers to all Beneficiary's given immediate eligibility in accordance with Republic Act No. 11223 and its Implementing Rules and Regulations (IRR).
- 2.8.** 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.
- 2.9.** 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.
- 2.10.** 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.

- 2.11.** Navigation- refers to the function of coordinating and directing the individual to obtain health services needed to a wide range of health needs.
- 2.12.** Patient encounter individual episodes of care provided by a primary care provider which are the duly reported to PhilHealth or regular basis.
- 2.13.** Updating of registration - refers to the retention or transfer of an eligible beneficiary from one PhilHealth Konsulta Provider to another.

SECTION 3. DEFINITION OF TERMS: Eligibility and Registration of beneficiary to an Buug Rural Health Unit shall be guided with the following:

- 3.1.** All beneficiary shall be eligible to avail of the PhilHealth Konsulta benefit.
- 3.2.** Each Beneficiary shall register with an accredited PhilHealth Konsulta Provider of their choice with consideration to the maximum catchment population.
- 3.3.** Registration to Rural Health Unit of Buug as a PhilHealth Konsulta Provider shall be done yearly and fixed for one 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.
- 3.4.** Registration of eligible beneficiaries to Rural Health Unit of Buug PhilHealth Konsulta Provider be guided by the following:
 - 3.4.1.** Rural Health Unit of Buug PhilHealth Konsulta Providers shall be published in me PhilHealth website;
 - 3.4.2.** 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;
 - 3.4.3.** Every Beneficiary shall register with the National Health Insurance Program (NHIP) as administered by PhilHealth prior to registration with a Konsulta Provider. Beneficiary not yet registered with the NHIP can register in accordance with existing PhilHealth policies and procedures;
 - 3.4.4.** Beneficiary registered with the NHIP may self-register to Rural Health Unit of Buug PhilHealth Konsulta Provider through the PhilHealth's online Konsulta registration system.
 - 3.4.5.** 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), 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,
 - 3.4.6.** PhilHealth may also authorize third-party agencies/ organizations to facilitate registration to Rural Health Unit of Buug PhilHealth. 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 for their employees, and Buug Rural Health Unit;
 - a.** Specific processes and procedures on registering through a third-party agency/organization is detailed in the manual of procedure on PhilHealth Konsulta Assisted Registration;

- b.** 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,
- c.** 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.

3.4.7. The conduct of the first patient encounter within the year of registration shall be the shared responsibility of the Rural Health Unit of Buug and all newly registered eligible beneficiaries.

3.4.8. 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, 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 them to register to another Provider.

3.4.9. 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.** Consulta of the PhilHealth Konsulta Provider, and,
- c.** Any other instances identified by the Corporation.

3.4.10. In case of withdrawal, non-renewal, suspension of accreditation, or closure of Rural Health Unit of Buug, PhilHealth shall inform the eligible beneficiary and facilitate transfer to another accredited Konsulta Provider.

3.4.11. Rural Health Unit of Buug shall be allowed to market the benefit in ethical and nondiscriminatory 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.** Rural Health Unit of Buug shall submit their marketing plans and materials for clearance, and approval of PhilHealth.

SECTION 6. PROVIDER PAYMENT MECHANISM

- 6.1.** The benefit shall be paid as an annual capitation released based on performance.
- 6.2.** Capitation rates shall be set by the Philippine Health Insurance Corporation and shall be paid in tranches
- 6.3.** The capitation rate, tranches, and performance targets shall be periodically reviewed by the Corporation for modification and adjustments.
- 6.4.** PhilHealth shall pay using the Auto-credit payment scheme (ACPS). The capitation shall be deposited to Rural Health Unit of Buug HCI trust fund account. Rural Health Unit of Buug 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.
- 6.5.** Rural Health Unit of Buug shall comply with the obligations identified in the HCP's performance commitments and balance billing/ co-payment rules stipulated in this issuance, its annexes, and all other applicable issuances.
 - a.** Rural Health Unit of Buug shall inform their catchment population of the balance billing/ co-payment schedule at visible areas on their facility; and,
 - b.** The no balance billing/no co-payment policy shall apply to all eligible beneficiaries registered in a government PhilHealth Konsulta Provider.
- 6.6.** In cases where eligible beneficiaries are temporarily transferred by Rural Health Unit of Buug 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. 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.
- 6.7.** In case of any disagreement with the computed reimbursement, existing guidelines on appeal and motion for reconsideration (MR) shall apply.
- 6.8.** 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.

SECTION 7. DISPOSITION AND ALLOCATION OF THE CAPITATION.

- 7.1.** Sixty percent (60%) of capitation is for operational cost and shall be divided, as follows:
 - a.** Minimum of thirty percent (30%) for drugs and medicines and
 - b.** Maximum of thirty percent (30%) for reagents, medical supplies, equipment, office supplies, information technology (IT equipment specific for facility use needed to facilitate reporting and database build up), capacity building for staff, infrastructure or any other use related, necessary for the delivery of required service including referral fees for diagnostic services if not able in the facility.

- 7.2.** The remaining forty percent (40%) shall be exclusively utilized as incentives of the staff of the health facility and for the improvement of their capabilities as would enable them to provide better health services:

 - a.** Twenty percent (20%) for the Physician,
 - b.** Twenty percent (20%) for other health professional and non-health staff of the facility.
- 7.3.** Share of full-time and part-time doctors and non-physician health workers to the Konsulta package incentives - While giving due recognition for the full service for quality patient care provided by the doctors and non-physician health workers who are not occupying fulltime positions, the Civil Service Laws on providing benefits of part-time staff must be observed. Hence, part-time staff shall be entitled to receive half of the share of full-time staff.
- 7.4.** All Medical Doctors and non-physician health workers who are full-time, parttime, permanent, temporary, casual, contractual and those detailed to the Rural Health Unit of Buug such as the Human Resource for Health and DTTB from the Department of Health are entitled to a share of the incentives including those:

 - a.** attending seminars/workshops, conferences and/or lectures as covered by corresponding Office order/Travel order;
 - b.** on approved vacation, sick and other allowable leaves applicable under existing Civil Service Laws;
 - c.** on study leave or grant provided such entitlement shall be limited to a maximum of six (6) months and;
- 7.5.** The following personnel shall not be entitled to a share from the pooled funds:

 - a.** those who are meted with disciplinary measures such as but not limited to suspension or fine;
 - b.** those who are detailed to other offices or institutions.
- 7.6.** Rural Health Unit of Buug shall be given full authority to determine the manner and frequency by which the incentives from the PhilHealth capitation funds for doctors and non-physician health workers are to be distributed.
- 7.7.** Rural Health Unit of Buug shall create a ledger to account for the utilization of PhilHealth Konsulta funds to be certified by the Municipal Budget Officer and Municipal Treasurer and verified by the Municipal Accountant.

SECTION 8. HANDLING HEALTH DATA

- 8.1.** All health data shall be encoded in the Konsulta compliant EMR for electronic transmission to PhilHealth. These data shall include but not limited to/diagnosis, diagnostic tests done with corresponding results and prescribed/dispensed. This system shall be periodically upgraded to address operational issues such as but not limited to portability, etc.
- 8.2.** 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.
- 8.3.** Incomplete patient encounter reports shall be automatically denied by the system.

- 8.4.** 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 (RA 10173).

SECTION 9. PENALTIES

- 9.1.** Any Konsulta Provider found engaging in fraudulent practices, such as active patient seeking, shall be subject to penalties as prescribed by PhilHealth regulations.
- 9.2.** Any LGU personnel found violating the provisions of this ordinance shall be subject to administrative sanctions in accordance with civil service rules and regulations.

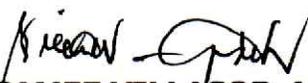
SECTION 10. REPEALING CLAUSE. The provisions of previous local enactments, resolutions, memoranda, circulars, and other issuances inconsistent with this Ordinance are hereby repealed or modified accordingly.

SECTION 11. SEPARABILITY CLAUSE. Should any portion of this Ordinance be declared ultra vires or unconstitutional by competent authority, the remainder not so affected shall continue to be in full force and effect as it is susceptible to enforcement and application.

SECTION 12. EFFECTIVITY. This ordinance shall take effect immediately upon its approval and compliance with the posting and publication requirements set forth in Republic Act No. 7160;

ENACTED this 5TH day of May 2025 at Buug, Zamboanga Sibugay Province.

CERTIFIED CORRECT:


ROSAMEE VILLASOR-APDUHAN
Sangguniang Bayan Secretary

ATTESTED:


HON. JONAM R. LAGAS
Municipal Vice-Mayor/Presiding

APPROVED:


HON. DIONESIA B. LAGAS
Municipal Mayor
Date Approved: 06-03-25