



Republic of the Philippines  
**Department of Education**  
REGION VIII - EASTERN VISAYAS

July 14, 2025

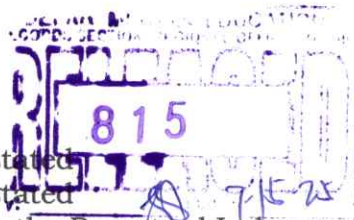
**REGIONAL MEMORANDUM**

No. **815** s. 2025

**COORDINATION OF SCHOOLS DIVISION OFFICES - SCHOOL HEALTH AND  
NUTRITION UNITS WITH PHILHEALTH FIELD OFFICES IN THE  
ACCREDITATION OF SCHOOL CLINICS AND REGISTRATION  
OF LEARNERS IN THE NATIONAL HEALTH  
INSURANCE PROGRAM**

To: Schools Division Superintendents  
Medical Officers  
All Others Concerned

1. With reference to Department Memorandum No. 050, s. 2025 and the Memorandum of Understanding (MOU) signed on May 19, 2025, between the Department of Education and Philippine Health Insurance Corporation, this Office, through the Education Support Services Division – School Health and Nutrition Unit (ESSD-SHNU), directs the School Health and Nutrition Units in the Schools Division Offices to coordinate with their respective PhilHealth field offices in the accreditation process of school clinics and registration of learners in the National Health Insurance Program (NHIP).
2. The Schools Division Offices are advised to conduct coordination meetings with their respective PhilHealth field offices.
3. Attached to this Memorandum is a copy of the Department Memorandum and MOU for reference. Relevant documents for the accreditation process are accessible on the PhilHealth website.
4. Immediate dissemination of and strict compliance with this Memorandum are desired.



**EVELYN R. FETALVERO, CESO III**  
Regional Director

Enclosures: As stated  
References: As stated

To be indicated in the Perpetual Index under the following subjects:

COORDINATION MEETING PHILHEALTH

ESSD-SHNU-EG



Republic of the Philippines  
Department of Education

JUN 18 2025

DepEd MEMORANDUM  
No. 050, s. 2025

**LEARNERS' HEALTH ASSESSMENT AND SCREENING  
FOR SCHOOL YEAR 2025-2026**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher, and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public Elementary and Secondary School Heads  
All Others Concerned

1. In line with the Department of Education's (DepEd) 5-Point Reform Agenda, which prioritizes the protection of learners' physical and mental well-being, DepEd ensures that learners have access to quality medical, dental, nursing, nutrition, and mental health services that will allow them to attain their full educational potential.
2. Learners' Health Assessment and Screening (LHAS) is an integral component of these services, delivered and/or coordinated by School Health and Nutrition (SHN) Personnel as part of the implementation of *Oplan Kalusugan sa DepEd* (OK sa DepEd)<sup>1</sup>.
3. The Department recently released several issuances concerning LHAS, namely:
  - a. **DepEd Order No. 012, s. 2025** or the Multi-Year Implementing Guidelines on the School Calendar and Activities<sup>2</sup>;
  - b. **DepEd Memorandum (DM) No. 033, s. 2025** or the Supplemental Guidelines for the Implementation of the Bawat Bata Makababasa Program<sup>3</sup>; and
  - c. **DM 042, s. 2025** or the 2025 *Brigada Eskwela* Implementing Guidelines<sup>4</sup>.

<sup>1</sup> Launched through DepEd Order No. 028, s. 2018 or the Policy and Guidelines on *Oplan Kalusugan sa Department of Education*

<sup>2</sup> Under Sec. V General Guidelines, Item C.13.d Conduct of Mandatory Learners' Health Assessment, wherein "all learners shall undergo a mandatory health assessment during *Brigada Eskwela* and up to three weeks after the start of classes, to be conducted by the designated health personnel of the school in coordination with class advisers. The assessments include a general physical examination, as well as evaluations of all systems, vision and hearing screening, oral health examination, immunization status, and review of medical and family history. Schools may also perform catch-up activities during [One Health Week] in July, for any missed assessments during this period."

<sup>3</sup> Under Implementing Guidelines, Item 5.e Vision and Ear Care Support for Learners, wherein "the [Bawat Bata Makababasa Program (BBMP)] shall ensure that learners with vision and hearing impairments are identified and receive the necessary support to facilitate their learning."

<sup>4</sup> Item 3.e provides that the *Brigada Eskwela* is "supporting the physical and mental well-being of learners." This year's focus includes "creating a master list of learners along with a schedule for health assessments (e.g., nutritional assessment and vision and hearing screening) and assisting the Philippine Health Insurance Corporation in the enrollment of learners to the National Health Insurance Program."

4. To provide further guidance to SHN personnel and other personnel involved in the conduct of LHAS for school year (SY) 2025–2026, the LHAS-related provisions of the aforementioned issuances shall be operationalized as follows:

- a. LHAS shall cover all learners from kindergarten to Grade 12, including those enrolled in the Alternative Learning System (ALS);
- b. LHAS shall comprise the following components:
  - i. Master listing;
  - ii. Nutritional assessment;
  - iii. Health history intake and general head-to-toe assessment;
  - iv. Vision and hearing screening;
  - v. Oral health assessment; and
  - vi. Universal mental health and psychosocial screening and assessment.

Screening components are non-diagnostic in nature and are intended to identify learners who require further evaluation and/or intervention. The general descriptions of these components are attached as **Enclosure No. 1**, while the specific guidelines for each component are provided in **Enclosure Nos. 2 to 7**.

- c. At the school level, the Technical Working Group (TWG) for OK sa DepEd, created through DO 028, s. 2018 (Policy and Guidelines on *Oplan Kalusugan* sa Department of Education), and as amended by DO 002, s. 2024 (Immediate Removal of Administrative Tasks of Public School Teachers) and DO 005, s. 2024 (Rationalization of Teachers' Workload in Public Schools and Payment of Teaching Overload) shall oversee the conduct of all activities related to LHAS. With the school head as the chairperson, the following members of the OK sa DepEd TWG shall serve as the focal persons for the specific components of LHAS, including the coordination with their counterparts at the schools division office (SDO), through the OK sa DepEd TWG, and local partners:

Table 1. School and SDO Personnel in Charge of LHAS Components

Component(s)	School OK sa DepEd TWG Focal Person	SDO Counterpart (SDO OK sa DepEd TWG)
i. Master listing	<b>Clinic focal<sup>5</sup></b>	Medical Officer III and/or Nurse-in-Charge/Nurse II designated to coordinate medical and nursing services (in the absence of Medical Officer III)
ii. Nutritional assessment		
iii. Health history intake, general head-to-toe assessment and vision and hearing		
iv. Oral health screening		Dentist II and/or Nurse-in-Charge/Nurse II designated to coordinate dental services (in the absence of the Dentist II)
v. Universal mental health and	School's Registered Guidance Counselor	Designated Program Coordinators of the School Mental Health

<sup>5</sup> In compliance with DO 005 and 002, s. 2024, the "clinic teacher" previously identified as a member of the school TWG for OK sa DepEd is replaced in this memorandum by a "clinic focal" which shall pertain to nonteaching personnel who have been designated to coordinate school clinic activities/services.

psychosocial screening and assessment	(RGC) and/or Guidance Advocate	Program and the Adolescent Reproductive Health Program, and Schools Division Counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services
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As focal persons, school-based personnel listed are primarily in charge of coordination activities, including reportorial tasks. The actual assessment shall be administered **only by qualified and/or trained professionals**, as identified in the specific guidelines for each component of LHAS, provided in the Enclosures of this Memorandum.

- d. Tasks assigned to teachers in the conduct of LHAS as stipulated in this memorandum shall be integrated in the teachers' performance of both teaching and ancillary tasks, as applicable. Tasks such as vision screening of Kindergarten learners, administering universal mental health and psychosocial screening of learners in one's advisory class, and spotting behaviors or situations indicative of mental health concerns among learners shall be considered as Teacher Ancillary Tasks under classroom management or class adviser duties, pursuant to DO 005, s. 2024, or other subsequent issuances on Teachers' Workload.
- e. The SDO OK *sa* DepEd TWG shall facilitate collaboration with the local government units (LGUs), PhilHealth offices, universities offering medical and allied health programs, professional organizations, and other partners to ensure the effective and efficient implementation of the activities necessary for LHAS. This collaboration shall include, but not be limited to the following:
  - i. deployment of qualified and/or trained professionals to administer the assessment;
  - ii. setting up referral mechanisms; and
  - iii. establishing data sharing agreements to facilitate the completion of the necessary learner data.
- f. Below is the prescribed schedule for the conduct of LHAS:

Table 2. Prescribed Schedule for LHAS

Date/Schedule	Activities	Target
<b>June 9, 2025</b> Start of <i>Brigada Eskwela</i> <sup>6</sup>	Start of master <b>listing and LHAS scheduling</b>	All learners
	Start of promoting the <b>registration of learners to the National Health Insurance Program</b> <sup>7</sup>	All learners
	Securing consent from parents/parent-substitutes/legal guardians and information dissemination activities for stakeholders	All learners

<sup>6</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "Start of Mandatory Learners' Health Assessment" is on June 9, 2025, during the *Brigada Eskwela*. This specifically refers only to master listing, scheduling for assessments and services, and PhilHealth registration.

<sup>7</sup> To continue all year round, as practicable



<b>June 16, 2025</b> Beginning of the School Year	Start of <b>baseline nutritional assessment</b> <sup>8</sup>	K to G6
	Start of <b>vision and hearing screening</b> <sup>9</sup>	K, G1, G7
<b>July 4, 2025</b> Three weeks after the start of classes	Completion the <b>baseline nutritional assessment</b>	K to G6
	Completion of <b>LHAS scheduling</b> (as part of master listing) <sup>10</sup>	All learners
	Target end date for <b>vision and hearing screening</b>	K, G1, G7
<b>July 7–11, 2025</b> OK sa DepEd- One Health Week	Start of the <b>health history intake and general head-to-toe assessment</b> , and of <b>oral health screening</b> <sup>11</sup>	All learners
	Catch-up <b>vision and hearing screening</b>	K, G1, G7
<b>August 11, 2025</b> Eight weeks after the start of classes	Start of the annual <b>psychosocial screening</b> (i.e., Rapid HEEADSSS)	G4 to G12
	and <b>universal mental health screening</b> (i.e., CARS) <sup>12</sup>	All learners
<b>December 19, 2025</b> Last school day of 2025	Completion of the annual <b>psychosocial and universal mental health screenings</b>	All learners
<b>March 27, 2026</b> Last school day of SY 2025–2026 before EOSY Rites	Target date of completion of <b>endline nutritional assessment</b>	SBFP beneficiaries

5. The SHN personnel shall strive to ensure that all learners undergo LHAS within the school year. The actual target and timeline per school will depend on the capacity of the school, its partners, and the SDO concerned, determined through multi-stakeholder coordination and planning. Factors in determining the school's capacity include the size of the SDO; the number of health personnel in DepEd, at the LGU, and among partners who can administer the assessment; the geographic features of/distance between schools; the time required for travel and conducting activities; and the availability of funds.

6. To support the conduct of LHAS in schools, SDOs, through their SHN Sections, shall implement the following strategies:

a. **OK sa DepEd TWG's oversight of the conduct of the assessment.**

Consistent with Item No. 4.c of this memorandum, the SDO OK sa DepEd TWG shall be primarily in charge of ensuring that schools under their jurisdiction conduct LHAS as scheduled. The schools division counselor, when already hired, or any equivalent SDO personnel designated to coordinate guidance and counseling services (e.g., a RGC who may be detailed at the SDO), although not an identified member

<sup>8</sup> Nutritional assessment may commence earlier, depending on the capacity of the school, its partners, or the SDO concerned, and as necessary for the school to reach its timelines for the SBFP.

<sup>9</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>10</sup> Enclosure No. 2 to DepEd Order No. 12, s. 2015 indicates that the "End of Mandatory Learners' Health Assessment" is on July 4, 2025. This specifically refers to the scheduling of learners to ensure enough time for logistical preparations and coordination for the delivery of school-based health services for the learners, and for the nutritional assessment to ensure inclusion of target learner-beneficiaries in the School-Based Feeding Program (SBFP). The conduct of all the other components of LHAS shall proceed during the school year, as scheduled during the *Brigada Eskwela*.

<sup>11</sup> Done in a phased approach, depending on the capacity of the school, its partners, and the SDO concerned

<sup>12</sup> In qualified schools only; schools, depending on their capacity, shall strategize the targeting of grade levels and scheduling of the screenings so that all target learners complete the annual screenings before the Year End Break.

of the SDO OK sa DepEd TWG per DO 028, s. 2018, shall also be primarily involved in the conduct of universal mental health and psychosocial screening and assessment.

- b. **Collaboration with LGUs and other external partners.** Consistent with **Item No. 4.e** of this Memorandum, schools shall ensure that all LHAS activities are done in collaboration with stakeholders, as facilitated by the SDO.
- c. **Planning and coordination of SDO personnel with schools.** The SDO OK sa DepEd TWG, through the focal persons concerned, shall ensure that schools under their respective jurisdictions are properly oriented and onboarded about LHAS and related activities. As an output, the SDOs shall endeavor to come up with implementation plans based on time and motion analysis, ensuring alignment with targets and timelines along with the assessment of capacities and available resources. School-level preparations relative to the various components of LHAS are outlined in the specific guidelines for each component.
- d. **Monitoring and reporting.** All involved shall ensure the effective monitoring and documentation of all activities utilizing the forms and report templates provided. SDOs are encouraged to document the best practices, observe implementation challenges and gaps, and monitor progress to effectively inform continuous improvement of the initiatives. Submission of reports related to the assessment shall be subject to the omnibus guidelines on reporting of school health data and activities for fiscal year 2025 to be issued separately. The information to be collected as results of LHAS shall be handled with utmost confidentiality and privacy in accordance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations, and the data privacy policies of the Department.

7. Expenses for the conduct of LHAS and related activities may be charged to the Program Support Funds (PSF) provided for School Health Programs for FY 2025<sup>13</sup> or to local funds under Maintenance and Other Operating Expenses, as available. All offices and schools are also enjoined to pursue partnerships that may allow for the augmentation of costs and resource requirements of the activities.

8. To support the uniform implementation of LHAS nationwide and ensure the standardized recording and reporting of learners' health-related data, field offices and schools are enjoined to use the templates, forms, and other tools for the components of LHAS which may be accessed at <https://bit.ly/DepEdLHASSY2526Forms>.

9. The LHAS is part of a more comprehensive menu of school-based health and nutrition services that shall be made accessible to all learners throughout the school year, as stipulated in Item No. 19 of DO 012, s. 2025. These services, which cover the full spectrum of care from prevention to intervention and postvention, shall follow existing guidelines and protocols, pending the issuance of the omnibus guidelines covering all SHN services.

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<sup>13</sup> As provided for in OUOPS Memorandum No. OM-OUOPS-2025-07-02351 or the Implementing Guidelines on the Allocation, Utilization, Documentation, and Reporting of Program Support Funds (PSF) for the Field Implementation of Learner Support Programs for Financial Year (FY) 2025

10. The SHD Forms mentioned in the Enclosures of this Memorandum refer to the existing forms, currently used by the field, with minor revisions for suitability to the purpose of this memorandum. Such may be accessed through <https://bit.ly/SHDForms2025>. The SDOs that have already printed and distributed previous versions of the forms may continue to utilize them until the release of the said omnibus guidelines. Other SDOs are encouraged to adopt updated versions of these forms.

11. The LHAS and related activities, and other health services (e.g., immunization, deworming) shall not be considered **co-curricular activities** that are limited to being conducted only every two weeks, pursuant to Item No. 16 of DO 012, s. 2025.

12. While this Memorandum provides guidelines, templates, and tools specifically for the general learner population, the same can be used as a reference when conducting health assessments for learners in special situations or specific contexts, such as learner-athletes participating in competitions or those applying for or participating in scholarship programs and education-related travels.

13. This Memorandum can also be a reference for private schools and other schools that are not directly under the control and supervision of DepEd, including those under the state universities and colleges/local universities and colleges.

14. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [blss.shd@deped.gov.ph](mailto:blss.shd@deped.gov.ph) or telephone (02) 8632-9935.

15. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:



**ATTY. FATIMA LIPP D. PANONTONGAN**

Undersecretary and Chief of Staff *My Dr*

Encls.:

As stated

References:

DepEd Order (Nos. 012, s. 2025; 005 and 002 s. 2024; 28, s. 2018; and 12, s. 2015)

DepEd Memorandum (Nos. 042 and 033, s. 2025)

To be indicated in the Perpetual Index  
under the following subjects:

BENEFITS  
BUREAUS AND OFFICES  
SERVICE

TEACHERS  
TEACHING LOAD  
WORK HOURS

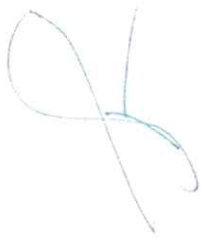
## MEMORANDUM OF UNDERSTANDING

### KNOW ALL MEN BY THESE PRESENTS:

This **Memorandum of Understanding**, hereinafter referred to as the "Understanding," is entered into this 19 MAY 2025, 2025 at QUEZON CITY, Philippines, by and between:

The **DEPARTMENT OF EDUCATION**, a government entity mandated by law to ensure the delivery of quality basic education, particularly Batas Pambansa Blg. 232, otherwise known as the "Education Act of 1982," as amended by Republic Act (RA) No. 9155, otherwise known as the "Governance of Basic Education Act of 2001," with principal address at DepEd Complex, Meralco Ave., Pasig City, Philippines represented by the Secretary of the Department of Education, **JUAN EDGARDO M. ANGARA**; and hereinafter referred to as the "**DepEd**,"

-and-



**PHILIPPINE HEALTH INSURANCE CORPORATION**, a government-owned and controlled corporation created and existing by virtue of Republic Act No. 7875 ("Act Instituting the National Health Insurance Program for All Filipinos and Establishing the Philippine Health Insurance Corporation for the Purpose"), as amended, with principal office address Citystate Centre, 709 Shaw Boulevard, Pasig City, represented herein by its Acting President and Chief Executive Officer, **EDWIN M. MERCADO, MD, MHA, MMSC**, hereinafter referred to as "**PhilHealth**"

Collectively being referred to as "**Parties**" and individually as "**Party**"

### WITNESSETH THAT:

**WHEREAS**, Section 11, Article XIII of the 1987 Constitution mandates the State to adopt an integrated and comprehensive approach to health development, which shall endeavor to make essential goods, health, and other social services available to all the people at an affordable cost;

**WHEREAS** to implement the aforementioned constitutional provision, the Congress enacted Republic Act (RA) No. 7875, "*An Act Instituting a National Health Insurance Program (NHIP) and establishing the Philippine Health Insurance Corporation*" for the purpose of providing all Filipinos with equitable access to quality and affordable healthcare services;

**WHEREAS**, to further bolster the State's mandate under the NHIP, R.A. No. 11223, the Universal Health Care Act ("UHCA"), was enacted to create a health care model that provides all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative, and palliative health services without causing financial hardship, and that prioritizes the needs of the population who cannot afford such services;

**WHEREAS**, the UHCA provides for the designation of schools as a healthy setting for the promotion of health and the prevention of disease among learners, school personnel, and the wider school community, and highlights the critical role of learning institutions in enabling lifelong healthy behaviors;

**WHEREAS**, the Basic Education Development Plan (BEDP) 2030 and the Department of Education's 5-Point Reform Agenda identify learner health and well-being as a key reform area necessary








for improving learning outcomes, reducing inequities, and ensuring that all learners are healthy, safe, engaged, supported, and challenged;

**WHEREAS**, consistent with these national frameworks and policy mandates, the Parties hereto acknowledge their joint responsibility to provide learners access to the outpatient primary care benefit package of the National Health Insurance Program, the *Konsultasyong Sulit at Tama* Program (the “Konsulta” or “Konsulta Package”), recognizing that healthy learners are better able to attend school, focus on learning, and achieve their full potential;

**WHEREAS**, to operationalize an effective and sustainable healthcare financing delivery model for learners, the Parties acknowledge the need to adopt mechanisms for the implementation of the Konsulta Program within the various public schools under the jurisdiction of the DepEd, as part of efforts to transform schools into health-promoting learning environments that support the holistic development of children and youth;

**NOW THEREFORE**, for and in consideration of the foregoing premises, the Parties hereto have agreed to bind themselves as follows:

## ARTICLE I DEFINITION OF TERMS

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- 1.1. **Capitation** – a payment mechanism where the Konsulta Package Provider is paid a fixed amount of One Thousand Seven Hundred Pesos (PhP1,700.00) 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 that is demanded by the particular characteristics of an individuals that influences their health, as part of the estimation of the payment.
- 1.2. **CLASS+ (Clinics for Learners' Access to School-based Services) Program** – a joint program strategy of the DepEd and PhilHealth that enables PhilHealth-accredited Konsulta Package Providers (“KPP”) to partner with DepEd school clinics for the delivery of Primary Care services under the Konsulta package.
- CLASS+ aims to improve learners' access to essential health services by leveraging existing school-based health facilities and enhancing them through partnerships, thereby contributing to the goals of Universal Health Care.
- 1.3. **DepEd Medical Clinic** – a clinic within a Public School, which is managed and operated by DepEd.
- 1.4. **Empanelment** – also referred to as “rostering” is the identification and assignment of population to specific health facilities, teams, or providers who are responsible for the health needs and delivery of coordinated care in that population
- 1.5. **First Patient Encounter (FPE)** – initial episode of patient contact for the year whereby the Konsulta Package Provider takes or updates the basic health data of an eligible beneficiary to identify health risks. For the avoidance of doubt, the FPE is not a medical consultation.
- 1.6. **Konsultasyong Sulit at Tama (“Konsulta” or “Konsulta Package”)** – the primary care benefit package of PhilHealth. It is paid per capita and covers a defined set of primary care health services based on their life stage, health risks, and needs.
- 1.7. **Konsulta Package Provider (“KPP”)** - A primary care facility or health care professional accredited by PhilHealth to provide the Konsulta Package.
- 1.8. **Medical Clinic or Facility** – a medical facility or clinic located within the premises of the public schools under the jurisdiction of DepEd.
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- 1.9. **Partner Medical Clinic** – school clinic within a Public School, which is managed and operated by a privately-owned medical facility and accredited KPP engaged by DepEd under the “CLASS+ Program”
- 1.10. **Primary Care** – initial-contact, accessible, continuous, comprehensive, and coordinated care that is available and accessible at the time of need, including a range of services for all presenting conditions and the ability to coordinate referrals to other health care providers in the healthcare delivery system when necessary

## ARTICLE II KONSULTA WITHIN PUBLIC SCHOOLS

To ensure the health and well-being of learners enrolled in Public School, DepEd and PhilHealth promises to make available functional School Clinics through the CLASS+ program, which would entail the following (subject to a more definitive agreement to be contained in a Memorandum of Agreement):

- 2.1. Facilitating the enrollment of all learners and personnel into the National Health Insurance Program and participation of such in the Konsulta Program;
- 2.2. Identifying select School Clinics, for purposes of Konsulta, appropriate for management by DepEd as DepEd Medical Clinics or for management by private partners as Partner Medical Clinics;
- 2.3. Engaging with private KPP, and designating Partner Medical Clinics that they will manage and operate;
- 2.4. Identifying select School Clinics as a KPP to manage and operate DepEd Medical Clinics, subject to compliance with applicable laws and such terms as may be agreed upon with PhilHealth;
- 2.5. Facilitate empanelment of enrolled students to DepEd Medical Clinics or Partner Medical Clinics;
- 2.6. Monitor subsequent registration and utilization of beneficiaries from the DepEd schools;
- 2.7. Updating the accreditation standards and Konsulta Package, specific to school health services; and
- 2.8. Conduct joint monitoring of all related activity and services essential to the full execution of this project.

## ARTICLE III ROLES AND RESPONSIBILITIES

- 3.1. The DepEd shall consider the following undertakings to be contained in a Memorandum of Agreement:
- 3.1.1. Identify the mode of management of School Clinics which may be managed by DepEd as a DepEd Medical Clinic or a privately-owned medical facility as Partner Medical Clinics, do or cause to be done all relevant acts and things as shall be necessary to achieve the same with efficiency;
- 3.1.2. Facilitate the assignment of private KPP provider facilities to specific School Clinics to support operations and render services under the Konsulta Package as set forth in PhilHealth Circular No. 2024-0013 entitled, “Enhancement of the PhilHealth Konsulta Benefit Package” and its succeeding revisions (the “**Konsulta Services**”), and grant them the authority to register the learners and personnel of its assigned Public School in its Konsulta Program through a bilateral agreement;
- 3.1.3. Engage KPP-accredited partner medical clinics to support operations and render services within the school clinic, while the school clinic is in the process of building in-house capacity to be eligible for KPP accreditation as a DepEd Medical Clinic;



3.1.4. Assist PhilHealth in the enrollment of learners and empanelment to a Konsulta Package Provider.

3.1.5. Facilitate the empanelment of all enrolled learners to the school-based Konsulta Package Provider. In the absence of a KPP-accredited DepEd school clinic, the learners will be assigned to the KPP-accredited partner medical clinics engaged through the CLASS+ Program;

3.1.6. Monitor (and in the case of Partner Medical Clinics, cause the private partner to so monitor) the registration and availment of the Konsulta among its learners registered under the DepEd Medical Clinics;

3.1.7. Periodically submit reports on such implementation to PhilHealth, setting forth any issues encountered and making the necessary recommendations for resolution, as it deems necessary or appropriate;

3.1.8. Designate at least one (1) employee from the School Health Division as PhilHealth liaison officer, to serve as the focal point of contact to facilitate the exchange of information and implement the cooperation set out herein; and

3.1.9. Make or enact all regulations reasonably necessary for the support of the NHIP, including measures for ensuring that its learners will be provided the means and incentives for the enrollment into the NHIP and their registration to the Konsulta as part of the school enrollment process.

3.2. PhilHealth shall have the following undertakings in the Memorandum of Agreement:

3.2.1. Conduct enrollment of learners to PhilHealth and subsequent registration to the Konsulta Package, subject to the identified mode of clinic operation as determined by DepEd;

3.2.2. Conduct communications and marketing initiatives regarding the Konsulta Package;

3.2.3. Identify learners with previous Konsulta enrolment and transfer enrolment to assigned accredited clinic, subject to the identified mode of clinic operation as determined by DepEd;

3.2.4. To empanel the learner to the designated KPP partner as determined by DepEd;

3.2.5. In recognition of the existing limitations in infrastructure and human resources within school clinics, particularly the absence of full-time medical and nursing staff, work collaboratively with DepEd to develop and recommend context-appropriate Konsulta accreditation standards and service delivery models tailored for DepEd Medical Clinics, including provisions for shared staffing, mobile health teams, or referral arrangements aligned with PhilHealth's Konsulta Package;

3.2.6. Expedite accreditation of DepEd Medical Clinics and private KPP providers with an accredited partnership with DepEd to support Partner Medical Clinics;

3.2.7. Facilitate timely capitation of KPPs and pay KPP-provider in tranches.

3.2.8. Designate at least one employee from PhilHealth Head Office as DepEd liaison officer, to serve as the focal point of contact to facilitate the exchange of information and implement the cooperation set out herein.

**ARTICLE IV**  
**ACCREDITATION OF MEDICAL CLINIC, FACILITY, OR PROFESSIONAL**

- 4.1 DepEd shall endeavor to develop a schedule for school clinics to be managed by either DepEd or Konsulta-accredited private facilities to ensure Konsulta coverage for all learners, prioritizing accreditation of school clinics in schools with more than one thousand (1,000) learners.
- 4.1.1. Schools with more than one thousand (1,000) learners shall be prioritized for coverage by Private Medical Clinics for at least three (3) years, and shall be turned over to DepEd upon the latter building the capacity to manage the clinics;
- 4.1.2. All school clinics shall be targeted to be DepEd-managed and Konsulta-accredited 2028 onwards.
- 4.2 Where appropriate, according to its discretion, DepEd may cause any School Clinic to be accredited with PhilHealth as a Konsulta Package Provider, by sending written notice to PhilHealth of its intent to apply for accreditation (the "**KPP Notice**"). The KPP Notice shall be sufficient to trigger the accreditation process.
- 4.3 PhilHealth shall act on a KPP Notice by doing or causing to be done all acts and procedures, and furnishing or causing to be furnished all documents and information as are necessary for the application for accreditation of the School Clinic in a timely manner, and in no case to exceed sixty (60) business days from its receipt of the complete documentary and other requirements necessary for the accreditation, as set out in PhilHealth Circular 2020-0021 entitled, "Accreditation of Health Care Providers for PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package."
- 4.4 All applicable regulations of PhilHealth on KPP accreditation, as provided under PhilHealth Circulars No. 2020-0021 and 2024-0013 shall be complied with, including, without limitation, the creation of a trust fund and ledger to receive and account for any payments pursuant to the Konsulta, subject to further operational guidelines to be developed by DepEd and PhilHealth.
- 4.5 When so accredited, the School Clinic shall have all the rights and obligations of a regular KPP. It is understood and agreed that such KPP accreditation shall mean the commitment to the performance and quality standards and procedures, and all relevant obligations of KPPs, particularly patient navigation and initial point of contact services for the Konsulta beneficiaries to access the necessary health services.
- 4.6 The KPP accreditation shall be maintained in good standing and re-accreditation shall be sought following rules provided under PhilHealth Circular 2020-0021, with the end goal of ensuring the continuous delivery of quality primary care services to the beneficiaries within the catchment population.
- 4.7 The First Patient Encounter shall be conducted within the year of registration of any beneficiary.

## ARTICLE V MISCELLANEOUS PROVISIONS

The cooperation of the Parties set out herein shall be pursued under the following principles:

- 5.1. The Parties agree to continuously strive to improve its systems and procedures by recommending strategies or policies that will enhance the implementation of the Konsulta for the same to be more responsive to the needs of all NHIP members.
- 5.2. The terms and provisions of all applicable laws, PhilHealth policies and all pertinent budgeting, accounting and auditing rules are incorporated herein by reference, and form a part of this Understanding as if set forth herein in their entirety.



5.3. The Parties covenant and agree that each will take all actions necessary to obtain and maintain in full force and effect all approvals required of them under applicable laws and regulations, and make all filings and deliver all notifications as are necessary, at the time of execution hereof or subsequently as might be required from time to time, to enable them to lawfully perform and comply with all of their material obligations in this Understanding.

5.4. Subject to existing rules and regulations, the Parties are aligned in their objectives and are open to entering into potential binding agreement to operationalize the terms and conditions stated on this Understanding.

5.5. The Parties acknowledge that this Understanding and the cooperation set out herein demand strict adherence to the Data Privacy Act (R.A. No. 10173, the "DPA"). Each Participant commits to exercise vigilance and the utmost diligence in the processing of personal information, subject to the principles of transparency, legitimate purpose, and proportionality under the DPA. This provision shall be subject to a separate and duly executed Data Sharing Agreement, which shall govern the terms and conditions of any data sharing between the Parties.

#### **ARTICLE VI EFFECTIVITY**

The collaboration of the Parties hereunder becomes effective on the date of signing hereof, and for a term of one (1) year hence, subject to annual review by both Parties pursuant to its monitoring mechanism.

6.1. This Understanding may be renewed for an additional term upon mutual agreement of the Parties, expressed in writing, at least sixty (60) days prior to the expiration of the original term.

6.2. The Parties may terminate the cooperation set out in this Understanding by mutual consent expressed in a written instrument.

6.3. Any revision or amendment hereof may be initiated by either Party by delivering written notice to the other of the proposed changes and the reasons therefor. In such a case, the Parties shall meet and endeavor in good faith to execute such revisions as are agreed upon to be necessary, the effects of which come as close as possible to the intent of the cooperation originally contemplated herein.

#### **ARTICLE VII SEPARABILITY CLAUSE**

If any provision of this Understanding is declared invalid or unenforceable by a court of competent jurisdiction, the remaining provisions not affected thereby shall remain valid and in full force and effect.

IN WITNESS WHEREOF, the Parties have signed this Memorandum of Understanding as of the date first above written.

DEPARTMENT OF EDUCATION

(DepEd)

  
JUAN EDGARDO M. ANGARA

Secretary

PHILIPPINE HEALTH INSURANCE CORPORATION

(PhilHealth)

  
EDWIN M. MERCADO, MD, MHA, MMSC

Acting President and CEO

SIGNED IN THE PRESENCE OF:

  
ATTY. FATIMA LIPP D. PANONTONGAN

Undersecretary  
Department of Education

  
ATTY. ELI DINO D. SANTOS

Executive Vice President and Chief Operating  
Officer  
Philippine Health Insurance Corporation

### ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)  
QUEZON CITY) S.S.

BEFORE ME, a Notary Public for and in \_\_\_\_\_ personally appeared the following:

Name	Government Issued ID (Details)	Date and Place Issued
JUAN EDGARDO M. ANGARA		

Known to me and to me known to be the same persons who executed the foregoing Memorandum of Understanding, signed by the PARTIES and their instrumental witnesses, and they acknowledged to me that the same is their free voluntary act and deed and that of the corporations they represent respectively. This Memorandum of Understanding consists of nine (9) pages including the Annex and this page in which this acknowledgment is written, signed by the parties and their instrumental witnesses every page thereof.

WITNESS MY HAND AND NOTARIAL SEAL, on the date at the place first written above.

NOTARY PUBLIC

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## ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)

QUEZON CITY) S.S.

BEFORE ME, a Notary Public for and in QUEZON CITY personally appeared the following:

Name	Government Issued ID (Details)	Date and Place Issued
EDWIN M. MERCADO, MD, MHA, MMSC		

Known to me and to me known to be the same persons who executed the foregoing Memorandum of Understanding, signed by the PARTIES and their instrumental witnesses, and they acknowledged to me that the same is their free voluntary act and deed and that of the corporations they represent respectively. This Memorandum of Understanding consists of nine (9) pages including the Annex and this page in which this acknowledgment is written, signed by the parties and their instrumental witnesses every page thereof.

WITNESS MY HAND AND NOTARIAL SEAL, on the date at the place first written above. 19 MAY 2025

NOTARY PUBLIC

ATTY. FELIZ RADO M. ABARCA  
Notary Public for the Philippines  
PTR No. 101-1010101-0000000000  
JUR No. 101-1010101-0000000000  
MULET No. 101-1010101-0000000000  
Address: Unit 101, 101st Street, 101st Avenue, 101st City, 101st Province, 101st Republic of the Philippines

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