Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

September 11, 2013

PhilHealth Circular
No. 2013-00029

For: ALL ENGAGED/ACCREDITED PRIMARY CARE BENEFIT 1 (PCB1), PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT: IMPLEMENTING GUIDELINES OF “PRevEnTS” (PRIMARY CARE REVITALIZED AND ENHANCED THROUGH SKILLS AND SERVICES), A PRIMARY CARE BOOSTER PACKAGE

RATIONALE:

One of the key barriers in effective implementation of the outpatient benefits of the Corporation is the inadequate capacity of our health care providers on several key skills stated in the standards set by the Corporation. Evidence shows that training on specific skills increases quality of care given by primary care providers as well as maternal and neonatal care package providers which ultimately affects the outcomes for the patient.1,2,3

Moving towards a mind-set of proactive engagement, and with the goal of enabling our health care providers, the Corporation, through PhilHealth Board Resolution No. 1694 s. 2012 approved the PRevEnTS (Primary care Revitalized and Enhanced Through Skills and services) Package, a booster package for Primary Care Benefit 1 (PCB1) Package, government-owned Maternity Care Package (MCP) and Neonatal Care Package (NCP) providers with the following objectives:

a. Increase the quality of care delivered by the primary care provider by imparting an incentive for training activities focused on capacitating the health facility personnel to effectively implement the PCB1 and selected MDG-related packages.

b. Facilitate access of PCB providers who may also be MCP providers to quality training programs by linking this one-time benefit to duly recognized training providers.

I. COVERAGE

A. All currently engaged/accredited PCB1 providers with an existing PhilHealth Trust Fund for Per Family Payment (PFP) or formerly the PhilHealth Capitation Fund (PCF) for the Outpatient Benefit (OPB) Package may avail of the PRevEnTS fund.


B. The PRevEnTS Fund shall only be used to augment the resources of PCB1 for capacity building of personnel on programs that will facilitate/improve the effective implementation of PhilHealth's PCB package as well as maternal and neonatal care packages related to achievement of the Millennium Development Goals. This package may be used to pay for the cost of the training or to cover travel expenses to attend such trainings.

C. The PRevEnTS fund shall be computed based on the number of sponsored members enlisted in each PCB1 provider as of June 30, 2013.

D. PhilHealth PRevEnTS fund can only be availed of within one (1) year from the effectivity of this circular.

II. TRAINING PROGRAMS FOR PCB1 PROVIDERS

A. PhilHealth shall issue a list of recognized training programs in its official website (www.philhealth.gov.ph). This list shall be updated regularly to reflect recognized and newly recognized training programs.

B. The PCB1 provider may also recommend to the Corporation for consideration other training programs available that they believe would help them effectively implement the PCB and MCP/NCP packages.

C. Trainers shall provide PhilHealth through the LHIOs, the PhilHealth Regional Office- Health Care Delivery Management Divisions (PRO-HCDMD) or the Central Office, a list of their trained PCB1 personnel on a regular basis.

III. PROCEDURAL GUIDELINES TO AVAIL THE PREVENTS FUND

A. Filing For Availment:

1. The PCB1 provider shall submit the following to their respective PRO-HCDMD between November 4, 2013 to March 30, 2014. Failure to submit the complete documentary requirements on or before the deadline shall forfeit the PCB1/MCP/NCP providers' opportunity to avail of the PRevEnTS fund.

   a. Self-assessment form for PRevEnTS Package (Annex A)
   b. Letter of Intent (LOI) for training for skills needed in the delivery of the outpatient benefits of the Corporation. The LOI shall also indicate the proposed personnel who will undergo the training (Annex B).
   c. A certification from the concerned local accounting officer that a Trust Fund for PCF/PFP exists.

2. If the desired training program is not included in the list, the PCB1 provider shall submit the following:

   a. Self-assessment form for PRevEnTS Package (Annex A)
   b. Letter of intent (LOI) for training for skills needed for the delivery of the PCB and MCP/NCP benefits of the Corporation. The LOI shall also indicate the proposed personnel who will undergo the training (Annex B).
c. A certification from the concerned local accounting officer that a Trust Fund for PCF/PFP exists.

d. Brief on the proposed training including the trainer/s and their contact information.

In this case, the PRevEnTS fund will be processed only upon approval of the Corporation through the respective PROs.

The respective PhilHealth Regional Office (PRO) through the Health Care Delivery Management Division (HCDMD) or the Accreditation and Quality Assurance Section (AQAS) shall determine if the proposed training/s is/are appropriate and necessary in implementing the PCB1 fully or to facilitate the MDG initiatives based on the following:

1. Does the engaged out patient benefit provider have inadequate skills on the proposed training?

2. Is the proposed number of personnel to undergo the training appropriate in reference to population of patients within the catchment area of the PCB1 provider?

3. What is the status of employment/position of the personnel to be trained? It should ensure that the personnel to be trained shall be serving the community through the PCB1 facility that availed the PRevEnTS Package.

B. Incomplete documents shall not be accepted.

C. The PRO shall notify the PCB1 provider within fifteen (15) working days from receipt of complete documents, upon validation with the concerned offices, whether the proposed training is approved or not.

IV. PAYMENT MECHANISM

A. COMPUTING THE PREVENTS PACKAGE:

1. The PRevEnTS fund for each PCB1 provider shall be computed based on the number of enlisted members assigned in each PCB1 provider as of June 30, 2013.

2. The formula for computing the PRevEnTS fund is as follows:

\[ \text{# of enlisted sponsored members in PCB1 facility} \times \text{P200.00} = \text{PRevEnTS fund/PCB1 provider} \]

B. DISPOSITION OF THE PREVENTS PACKAGE.

1. Seventy percent (70%) will be released to the provider within thirty (30) days upon receipt of application to avail of the PRevEnTS Fund and upon approval of registration.

2. The other thirty percent (30%) will be released if the provider is able to complete trainings needed as evidenced by the following:

   a. Certificate of completion of trainings

   b. Inclusion of the name of the PCB1 facility personnel in the roster of trained participants from the training provider.

Deadline of submission of the above-mentioned requirements of the 2nd tranche (30%) shall only be up to October 31, 2014. Failure to do so shall forfeit the release of the said tranche of the PRevEnTS fund.
V. EFFECTIVITY

This Circular will take effect for all engaged/accredited PCB1 and/or MCP/NCP providers immediately upon publication in any newspaper of general circulation and will be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

All PhilHealth Offices through the Corporate Communication Department and the PRO HCDMD, will disseminate information to the public, especially to the PCB1 providers.

[Signature]
ALEXANDER A. PASTILLA
President and CEO
Date signed: 10/11/2013
# ANNEX A

## Self Assessment Form for PRevEnTS

**Name of Healthcare Facility**

**Municipality/City, Province**

<table>
<thead>
<tr>
<th>Name of RHU Staff</th>
<th>Essential Skills for the Delivery of Primary Care Benefit 1 Package</th>
<th>Optional Skills for delivery of Maternity Care and Newborn Care Packages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visual Inspection w/ Acetic Acid</td>
<td>Clinical Breast Examination</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>1. Leizel Lagrada, MD</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2. Rizza Herrera, MD</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Daryl Romero, RN</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Maya Mendoza, RN</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Menchie Mateo, MW</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Zarah Ignacio, RN</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Instructions: Place “1” on the applicable skills column if the PCB1 provider staff had adequate training and write “0” if the said staff does not. Place “NA” if not applicable.

**Recommended By:**

**Approved By:**

Printed Name and Signature of Head of Facility

Printed Name and Signature of Local Chief Executive
LETTER OF INTENT
For PRevEnTS Fund

Date

PhiHealth Regional Vice President
Address

Attention: Head, Health Care Delivery Management Division

I, (name of MHO/CHO/Head of the facility), (designation), of (name of facility), with address at ___________________________ would like to avail of the PhilHealth PRevEnTS fund as per PhilHealth Crc No. ___ s. 2013 for the following trainings of our PCB1 provider personnel:

<table>
<thead>
<tr>
<th>Name of Training</th>
<th>Name of Trainors</th>
<th>Name of PCB1 provider staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Visual Acetic Acid</td>
<td>CECAP, NCR</td>
<td>RHU staff 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHU staff 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHU staff 3</td>
</tr>
<tr>
<td>Ex. BeMONC</td>
<td>CHD, NCR</td>
<td>RHU staff 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RHU staff 2</td>
</tr>
</tbody>
</table>

I have read PhilHealth Circular No. ___ s. 2013 and fully agree with the conditions set in availing the PRevEnTS Fund.

Signature over printed name
(CHO/MHO/Head of Facility)