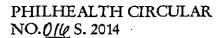


PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City Healthline 441-7444 www.philhealth.gov.ph



TO

ALL ACCREDITED PRIMARY CARE BENEFIT

PROVIDERS, PHILHEALTH REGIONAL OFFICES BRANCHES AND LOCAL HEALTH INSURANCE OFFICES AND

ALL OTHERS CONCERNED

SUBJECT

وسال

ADDITIONAL GUIDELINES ON

CARE REVITALIZED <u>(PRIMARY</u>

ENHANCED THROUGH SKILLS AND SERVICES) PACKAGE

The PRevEnTS (Primary care Revitalized and Enhanced Through Skills and services) Package, as approved through PhilHealth Board Resolution No. 1694 s. 2012 and created through PhilHealth Circular 29 s. 2013, is a one-time booster package for the Primary Care Benefit 1 (PCB1), government-owned Maternity Care Package (MCP) and Neonatal Care Package (NCP) providers. This benefit aims to increase quality of care delivered by primary care providers.

To ensure that goals of the benefit are maximized, the Corporation is hereby extending the deadline for application to avail of the PRevEnTS Package up to July 31, 2014.

The following forms are added to enable proper monitoring of the benefit:

1. PRevEnTS Reporting Form - Provider (Annex A) shall serve as a monitoring tool for the PCB1 Provider. This shall be submitted by the PCB1 provider to PhilHealth along with the proofs of completion of training for the release of the 2nd tranche of the PRevEnTS fund.

2. PRevEnTS Reporting Form - PRO (Annex B) shall be the monitoring tool to be utilized by the PROs to enable the Corporation to understand how the funds will be were utilized.

PRevEnTS Fund Disposition and Allocation Form (Annex C) shall be accomplished by the LGU for review by the local auditor.

ANNEXES:

WHASIER

A. PRevEnTS Reporting Form - Provider

B. PRevEnTS Reporting Form - PRO

C. PRevEnTS Fund Disposition and Allocation Form

All other existing issuances inconsistent with this Circular are heareby repealed and/or amended

accordingly.

Shall take effect immediately. Please be guided accordingly.

esitient and CEO

Date signed:

teamphilhealth

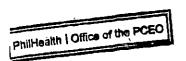


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Republic of the Philippines

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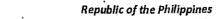
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UTILIZATION OF PREVENTS PACKAGE PCB/MCP/NCP PROVIDER FORM

TRAININ	GS REQUESTED	AMOUNT R	ECEIVED		TRAININGS CO	MDIETED
TRAINING	PROPOSED DATE/S (mo/day/yr)	AMOUNT	DATE	DATE/S CONDUCTED (mo/day/yr)	TRAINORS	NO. OF PARTICIPANTS PER DAT (attendance sheet attached)
						UNCONTROLLED COPY COPY DO: Lup Date: 7 1/1/4

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UTILIZATION OF PREVENTS FUND REGIONAL MONITORING TOOL

REGION: TOTAL NUMBER OF ACCREDITED PCB PROVIDERS: COVERED PERIOD (QUARTER)	YR):
--	------

MASTER DOCUMENT

PCB/ MCP/ NCP	TRAINING TOPIC	NO. OF ENLISTED	AMOUNT		'TR	AINING DONE			
PROVIDER		SPONSORED	RECIEVED	(Notė: use	one row fo	r every separ	ate day of training	g)	
	L	MEMBERS		DON	JE	DATE/S	NO. OF ATTEND	EES	
				☑ YĖS	∄ NO				
				₫YĖS	₽NO				
				☑ YĖS	В ИО				
				2 YES	∄ NO				~
				☑ YÉS	2 NO				
				2 YES	12 NO			UNCONTROLLED	<u> </u>
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	<u> </u>			2 YES	□ NO				1

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ANNEX B

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UTILIZATION OF PREVENTS FUND REGIONAL MONITORING TOOL -- SUMMARY REPORT

REGION:	TOTAL NUMBER OF	ACCREDITED PCB PROVIDERS:	COVERED PER	RIOD (QUARTER/YR):
REQUESTED TRAINING	i PROGRAMS		1	
TOTAL NUMBER OF TOPICS TOTAL COUNTS OF	·	PREVENTS UTILIZATION RATIO = total no. of red total no. of PC		
	ASED TO PCB1 PROVIDERS:			
TOPIC		NO. OF PROVIDERS THAT JCTED TRAINING ON THE TOPIC	TOTAL NO. OF COMPLETED TRAINING SESSIONS PER TOPIC	TOTAL NO. OF PARTICIPANTS TRAINED PER TOPIC
		: Fill up data for covered period c		
JAN FEB NUMBER OF TRAINING	MAR APR M.	AY JUN JUL	AUG SEP C	OCT NOV DEC
				1
NUMBER OF TRAINED	PERSONNEL PER MONTH			
Prepared by:	Signature over Printed Name	Position		ate and Time
	Signature over Frinted Name	LOZITION	U	ate and Tille

PHILIPPINE HEALTH INSURANCE CORPORATION PREVENTS FUND DISPOSITION AND ALLOCATION FORM

Date		
PCB Provider	Accreditation Num	nber
Total PREVENTS FUND received for the otal PREVENTS FUND received for the	o 2nd tranche	
otal PREVENTS FUND received		
Description of Training	Amount Used	Total Amount Used
	PREVENTS FUND USED EVENTS FUND AVAILABLE ue to the best of my knowledge.	
Name and Signature	Designation	Date
	<u>.</u>	UNCONTROLLED
		Ž