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

PHILHEALTH CIRCULAR
NO. 016 S. 2014

TO : ALL ACCREDITED PRIMARY CARE BENEFIT 1 (PCB1) PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROS), BRANCHES AND LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : ADDITIONAL GUIDELINES ON THE AVAILMENT OF "PREVENTS" (PRIMARY CARE REVITALIZED AND 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.
3. **PRevEnTS Fund Disposition and Allocation Form** (Annex C) shall be accomplished by the LGU for review by the local auditor.

ANNEXES:

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All other existing issuances inconsistent with this Circular are heareby repealed and/or amended accordingly.

The Circular shall take effect immediately. Please be guided accordingly.

ALEXANDER A. PADILLA
President and CEO

Date signed: 7/15/14

MASTER DOCUMENT Date:

UNCONTROLLED COPY DC: Date: 7/22/14

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ANNEX A

Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
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UTILIZATION OF PREVENTS PACKAGE
PCB/MCP/NCP PROVIDER FORM

NAME OF PROVIDER: _____ **COVERED PERIOD (QUARTER/YR):** _____
ADDRESS: _____ **REGION:** _____

TRAININGS REQUESTED		AMOUNT RECEIVED		TRAININGS COMPLETED		
TRAINING	PROPOSED DATE/S (mo/day/yr)	AMOUNT	DATE	DATE/S CONDUCTED (mo/day/yr)	TRAINORS	NO. OF PARTICIPANTS PER DATE (attendance sheet attached)

MASTER DOCUMENT
DC: Date: 7/14

UNCONTROLLED COPY
DC: Date: 7/17/14

Prepared by: _____ _____ _____
Signature over Printed Name Position Date and Time

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ANNEX B

UTILIZATION OF PREVENTS FUND
REGIONAL MONITORING TOOL

REGION: _____ **TOTAL NUMBER OF ACCREDITED PCB PROVIDERS:** _____ **COVERED PERIOD (QUARTER/YR):** _____

PCB/ MCP/ NCP PROVIDER	TRAINING TOPIC	NO. OF ENLISTED SPONSORED MEMBERS	AMOUNT RECIEVED	TRAINING DONE (Note: use one row for every separate day of training)		
				DONE	DATE/S	NO. OF ATTENDEES
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
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				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		

MASTER DOCUMENT
DC: _____ Date: 7/15/14

UNCONTROLLED COPY
DC: _____ Date: 7/15/14

Republic of the Philippines

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UTILIZATION OF PREVENTS FUND
REGIONAL MONITORING TOOL – SUMMARY REPORT

REGION: _____ **TOTAL NUMBER OF ACCREDITED PCB PROVIDERS:** _____ **COVERED PERIOD (QUARTER/YR):** _____

REQUESTED TRAINING PROGRAMS

TOTAL NUMBER OF TOPICS		PREVENTS UTILIZATION RATIO = total no. of requested training / total no. of PCB1 providers	
TOTAL COUNTS OF TRAININGS DONE			

TOTAL AMOUNT RELEASED TO PCB1 PROVIDERS: _____

COMPLETED TRAINING PROGRAMS (Note: Use separate sheet if necessary)

TOPIC	AMOUNT RELEASED PER TOPIC	TOTAL NO. OF PROVIDERS THAT CONDUCTED TRAINING ON THE TOPIC	TOTAL NO. OF COMPLETED TRAINING SESSIONS PER TOPIC	TOTAL NO. OF PARTICIPANTS TRAINED PER TOPIC

MONTHLY SUMMARY OF PREVENTS TRAINING (Note: Fill up data for covered period only)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NUMBER OF TRAININGS PER MONTH											
NUMBER OF TRAINED PERSONNEL PER MONTH											

Prepared by: _____ _____ _____

Signature over Printed Name | Position | Date and Time

PAGE ___ OF ___

MASTER DOCUMENT DC: ___ Date: 7/18/14

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ANNEX C

PHILIPPINE HEALTH INSURANCE CORPORATION
PREVENTS FUND DISPOSITION AND ALLOCATION FORM

Date _____

PCB Provider _____ Accreditation Number _____
Address _____

Total PREVENTS FUND received for the 1st tranche _____
Total PREVENTS FUND received for the 2nd tranche _____

Total PREVENTS FUND received [ ]

Description of Training	Amount Used	Total Amount Used

Total PREVENTS FUND USED [ ]
TOTAL PREVENTS FUND AVAILABLE [ ]

I hereby certify that the following is true to the best of my knowledge.

_____ _____ _____
Name and Signature Designation Date

MASTER DOCUMENT
DC: _____ Date: 7/14/14

UNCONTROLLED COPY
DC: _____ Date: 7/22/14