PHILHEALTH CIRCULAR
No. 2015-034

FOR: ALL ACCREDITED PRIMARY CARE BENEFIT 1 (PCB1) PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs), LOCAL HEALTH INSURANCE OFFICES (LHIOS), AND ALL OTHERS CONCERNED

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

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.

Moving towards a mind-set of proactive engagement, and with the goal of enabling our healthcare 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, Tsekap Package (Tamang Serbisyo sa Kalusugan ng Pamilya), 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/Tsekap and selected MDG-related packages.

b. Facilitate access of PCB1/Tsekap providers who may also be MCP providers to quality training programs by linking this one-time benefit to duly recognized training providers.

The implementing guidelines for the availment of the PRevEnTS (Primary care Revitalized and Enhanced Through Skills and Services) Package was issued by the Corporation through PhilHealth Circular 29 s. 2013 with additional guidelines through PhilHealth Circular 16 s. 2014. This issuance shall be an integration of the above-mentioned circulars and shall likewise be additional guidelines for the efficient processing of claims for the PRevEnTS Package and for proper utilization of the fund for the benefit of all concerned PhilHealth partners.

COVERAGE

A. All currently accredited PCB1/Tsekap 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/Tsekap Provider for capacity building of personnel on programs that will facilitate/improve the effective implementation of PhilHealth’s primary care benefit package as well as maternal and neonatal care packages related to achievement of the Millennium Development
I. 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 is computed based on the number of sponsored members enlisted in each PCBl provider as of June 30, 2013.

D. The PRevEnTS Fund shall be treated as a separate Per Family Payment/Capitation allocated specifically for trainings related only to PCBl, Tsekap and MDG Benefits. The PCBl/Tsekap Provider may release the fund as deemed necessary but not later than the end of the 2nd Quarter of CY 2016.

II. TRAINING PROGRAMS FOR PCBl PROVIDERS

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

B. The PCBl/Tsekap provider may recommend other training programs available that they believe would help them effectively implement the PCBl/Tsekap and MCP/NCP packages supported by a brief on the proposed training, including the name of the trainer/s and the contact information.

C. Trainers shall provide PhilHealth through the Local Health Insurance Offices (LHIOs), the PhilHealth Regional Office- HealthCare Delivery Management Divisions (PRO-HCDMD) and the Central Office, a list of trained PCBl personnel on a quarterly basis.

III. PROCEDURAL GUIDELINES TO AVOID THE PREVENTS FUND

A. Filing for Availment: The deadline for submission of applications to avail of the PRevEnTS fund was July 31, 2014.

B. Only the PCBl providers that submitted their applications on or before July 31, 2014 with complete documentary requirements are given the opportunity to avail of the PRevEnTS Fund.

IV. PAYMENT MECHANISM

A. COMPUTING THE PRevEnTS PACKAGE:
   1. The PRevEnTS fund for each PCBl provider is computed based on the number of enlisted members assigned in each PCBl provider as of June 30, 2013.
   2. The formula for computing the PRevEnTS fund is as follows:

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

B. DISPOSITION OF THE PRevEnTS PACKAGE
   1. The first tranche, seventy (70) percent of the PRevEnTS Fund, shall be released not later than 4th Quarter 2015 to all qualified PCBl providers:
   2. The 2nd tranche, thirty (30) percent of the PRevEnTS Fund, shall be released not later than April 30, 2016 when the following conditions are met:
      a. The PCBl/Tsekap provider is able to submit the following documents on or before the last working day of March 2016.
         i. Letter of Intent addressed to the PRO Regional Vice President that at least ninety (90) percent of the first tranche amount was consumed (see sample below).
         ii. PRevEnTS Fund Disposition and Allocation Form documents (Annex A) table of expenses using the PRevEnTS fund and signed by the owner of the facility, as verified and certified by the Local Accountant.
iii. Documents proving completion of submitted trainings (i.e. certificate of completion)

b. The PRO Accreditation and Quality Assurance Section (AQAS) shall validate the approximate use of the fund based on the official feedback of recognized trainors relative to the PRevEnTS Fund.

3. Non-compliance to the above requirements by the last working day of March CY 2016 shall forfeit release of the 2nd tranche to the concerned provider.

4. The PCBI/Tsakap provider shall utilize the remaining amount of the PRevEnTS fund in their respective time not to exceed the 2nd Quarter 2016.

Example:

- Provider A requested for PRevEnTS Fund covering 5,000 enlisted members as of June 30, 2013.
- Total estimated PRevEnTS Fund = 5,000 x P200 = P1,000,000
- Release of tranche

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<td>Second tranche</td>
<td>not later than April 30, 2016</td>
<td>30% of P1,000,000</td>
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*amount of PRevEnTS Fund (1st tranche) that should be consumed prior to availment of the 2nd tranche.

V. MONITORING AND EVALUATION

1. The Provider must accomplish the PRevEnTS Reporting Form – Provider (Annex A) at the end of every 6 months and submit to the LHIO who shall forward such to PRO-AQAS within 15 days after the 2nd or 4th quarter until such time that the fund will be completely utilized.

2. The PRevEnTS package shall be measured against the Corporation’s Monitoring and Evaluation Framework to assess the effect of trainings availed by the provider to improved quality of service and health care delivery for the eligible members.

VI. EFFECTIVITY

All other existing issuances inconsistent with this Circular are hereby repealed and/or amended accordingly. This Circular shall take effect immediately. Please be guided accordingly.

VI. ANNEX – A. PRevEnTS Reporting Form – Provider

[Signature] Alexander P. Padilla
President & CEO
Date Signed: 12/11/15

Implementing Guidelines of “PRevEnTS” (Primary Care Revitalized and Enhanced and Enhanced Through Skills and Services), A Primary Care Booster Package – (Revision 1)
NAME OF PROVIDER: ___________________________ COVERED PERIOD (QUARTER/YR):  
ADDRESS: ________________________________ REGION: ________________________________

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<th>TRAININGS COMPLETED</th>
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We hereby certify that the following information are true and correct to the best of our knowledge.

Prepared by: ___________________________ Signature over Printed Name ___________________________ Head of Facility ___________________________ Date and Time ___________________________

Verified by: ___________________________ Signature over Printed Name ___________________________ LGU Accountant ___________________________ Date and Time ___________________________