



Philippine Health
Insurance Corporation

CITIZEN'S CHARTER HANDBOOK

2020

I. Mandate

The National Health Insurance Program was established to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines. It shall serve as the means for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot. It shall initially consist of Programs I and II or Medicare and be expanded progressively to constitute one universal health insurance program for the entire population. The program shall include a sustainable system of funds constitution, collection, management and disbursement for financing the availment of a basic minimum package and other supplementary packages of health insurance benefits by a progressively expanding proportion of the population. The program shall be limited to paying for the utilization of health services by covered beneficiaries. It shall be prohibited from providing health care directly, from buying and dispensing drugs and pharmaceuticals, from employing physicians and other professionals for the purpose of directly rendering care, and from owning or investing in health care facilities. (Article III, Section 5 of RA 7875 as amended)

II. Vision

"Bawat Filipino, Miyembro,
Bawat Miyembro, Protektado,
Kalusugan ng Lahat, Segurado"

III. Mission

“Benepisyong Pangkalusugang Sapat at De-kalidad para sa Lahat”

IV. Service Pledge

Kami ay nangangakong ilalaan ang mga sarili sa pagsasakatuparan ng Kalusugang Pangkalahatan.

Sisikapin naming makapagbigay nang mabilis at dekalidad na serbisyong pangkalusugan sa lahat ng Pilipino, ano man ang edad, kasarian o estado ng pamumuhay.

Kaagapay namin ang mga miyembro sa pagtataguyod ng pagkakaisa bilang isang konseptong mahalaga sa pagkamit ng aming layunin.

Patuloy naming paghuhusayin ang aming mga serbisyo at titiyaking ang mga ito’y umaayon sa nagbabagong panahon at sumasabay sa pandaigdigang pamantayan.

Titiyakin naming laging mauuna ang serbisyo-publiko at taas-noo na maglilingkod sa bayan.

Sisikapin naming maging huwarang kawani at makamit ang tunay na pagbabago sa ating bansa.

LIST OF SERVICES

External Services

Operations Sector

Central Office - Office of the Area Vice Presidents (Areas I, II, III & IV)

1. Processing of Letter of Requests/queries/issues/concerns sent by internal and external clients

PhilHealth Regional Offices (PROs CAR, I, II, III, IVA, IVB, V, VI, VII, VIII, IX, X, XI, XII, Caraga & BARMM)

I. Office of the Regional Vice-President

A. Planning Unit

1. PhilHealth Regional Office Level Data Request of National Health Insurance Program Stakeholders

II. Management Services Division

A. General Services Unit

1. Sale/Issuance of Bidding Documents

B. Fund Management Section

1. Payment of Benefit Claims to Health Care Institutions (HCIs)

III. Health Care Delivery Management Division

A. Benefits Administration Section

1. Filing of Claims
2. Processing of Filed Benefit Claims of Health Care Institutions (HCIs)

B. Accreditation Section

1. Processing of Application for Accreditation of Health Care Institution

IV. Field Operations Division

Local Health Insurance Office (ALL PROs)

A. Membership Section

1. Enrollment/Registration of Members
2. Enrollment/Registration of Employers
3. Updating of MDR through Online Methods (LHIO Emails)
4. Member Registration through Online Method
5. Processing of Inquiry of walk in clients

B. Collection Section

1. Inquiry on PhilHealth Collection
2. Request for refund of Double Payment per CO No. 2020-0025
3. Collection of Premium Payment

C. Support Services

1. Approval of Requests by the Regional Vice-Presidents concerning Membership and Collection
2. Approval of Requests for Orientation

D. Local Health Insurance Office Services

1. Public Assistance Services
2. Member Registration through Online Method
3. Online Application and processing of Inquiry of walk in clients
4. Enrollment of Formal Sector Employees (5 employees and below)
5. Enrollment of Household Employees (5 employees and below)
6. Enrollment of Individuals - Lifetime Members
7. Enrollment of Individuals - Senior Citizens
8. Enrollment of Individuals - Informal Sector
9. Enrollment of Individuals - Foreign Nationals
10. Enrollment of Individuals - Landbased Migrant Workers
11. Declaration of Dependents
12. Updating of Membership Records
13. Request for Records (Client is the owner of the requested record)
14. Request for Records (Requested through a representative)
15. Registration of Employers
16. Registration of Household Employers
17. Collection of Premium Contribution (Formal economy, Informal economy and Landbased Migrant Workers)
18. Submission of Remittance Report (RF1) for employers in Geographically Isolated and Depressed Areas (GIDA) only.
19. Receiving of directly filed claims
20. Receiving of application for accreditation by Health Care Institutions
21. Receiving of application for accreditation by Health Care Professionals
22. Check Releasing (Member)

23. Check Releasing (picked-up by stakeholders)

24. Request for Other Services

V. PhilHealth Express Office

1. Member Registration and Issuance of Member Data Record and PhilHealth Identification Card

VI. POEA-OFP Operations Satellite Office

1. Member Registration and Issuance of Member Data Record and PhilHealth Identification Card

**** Office of the Area Vice-President/Office of the Regional Vice-President - Health Care Delivery**

1. Manage Release of Funds through Interim Reimbursement Mechanism (IRM)

Corporate Affairs Group (CAG)

I. Corporate Action Center(CAC)

1. Handling of Simple Client Queries and Feedback thru Calls
2. Handling of Complex Client Queries and Feedback thru Calls
3. Handling of Technical Client Queries and Feedback thru Calls
4. Handling of Client Queries and Feedback thru Email (Level 1- for direct resolution)
5. Handling of Client Queries and Feedback thru Email (Level 2- for endorsement to other office)

6. Handling of Client Queries and Feedback via Email
7. Handling of Client Queries and Feedback via Social Media and SMS (Level 1- for direct resolution)
8. Handling of Client Queries and Feedback via Social Media and SMS (Level 2- for endorsement to other office)
9. Handling of Technical Client Queries and Feedback via Social Media and SMS
10. Handling of Complex Client Queries and Feedback via letter
11. Handling of Client Queries and Feedback via letter (Level 2 - for initial response of CAC and resolution of other office)
12. Handling of Simple Client Queries and Feedback lodged to Government Channels (Level 1 - for direct resolution of CAC)
13. Handling of Complex Client Queries and Feedback lodged to Government Channels (Level 1 - direct resolution, Complex - with no available spiel)
14. Handling of Client Queries and Feedback lodged to Government Channels (Level 2 - for endorsement to other office)
15. Handling of Client Queries and Feedback lodged to Government Channels
16. Handling of Simple Client Queries and Feedback via CAC Walk-In Counter

17. Handling of Complex Client Queries and Feedback via CAC Walk-In Counter
18. Handling of Technical Client Queries and Feedback via CAC Walk-In Counter

II. Corporate Marketing Department (CorMar)

1. Request for Clearance of Material/s from External Partners
2. Request for Approval of Sponsorship Proposal

III. International and Local Engagement Department (ILED)

1. Evaluation of Project Proposals for Local Engagement
2. Evaluation of Project Proposal on Foreign Assisted Projects Evaluation of Invitation to International Events/Activities
3. Evaluation of Invitation to International Events/Activities

IV. Social Health Insurance Academy (SHIA)

1. Conduct of Certificate Course on ICD-10 Training

Fund Management Sector (FMS)

I. Comptrollership Department

A. Corporate Accounting Section (CAS)

1. Securing Order of Payment Document
2. Preparation of Financial Statements

B. Disbursement Administration Section (DAS)

1. Processing of Disbursement Vouchers

C. Fiscal Management Division (FMD)

1. Budget Proposal for the National Government Subsidy (NG) - Sponsored Members

II. OSVP-Fund Management Sector

A. Managerial Finance Section

1. Issuance of Financial Reports

III. Treasury Department

A. Agents Relations Unit Accreditation Team

1. Accreditation of Collecting Agents - Processing of PhilHealth Accredited Collecting Agents Application
2. Accreditation of Collecting Agents - Evaluation of the Audited FS of the Applicant
3. Accreditation of Collecting Agents - Conduct of Meetings
4. Accreditation of Collecting Agents -Processing of the Non-Disclosure Agreement of the Applicant
5. Accreditation of Collecting Agents - Conduct of User Acceptance Test of Applicant's System

6. Accreditation of Collecting Agents - Preparation of the PCA AccreCom Resolution
7. Accreditation of Collecting Agents -Processing of the Collection and Remittance Agreement
8. Accreditation of Collecting Agents - Processing of the Accreditation Fee Payment of ACAs
9. Accreditation of Collecting Agents - Preparation of the Advisory
10. Accreditation of Collecting Agents - Processing of the BUR for the Payment of Transaction Fees to ACAs

B. Data Management and Systems Monitoring Unit (DMSMU), Accreditation Team

1. Distribution of PhilHealth Agents Receipt (PAR)

C. Standards, Enforcement and Reconciliation (SERU), Accreditation Team

1. Monitoring of Accredited Collecting Agents' (ACA) Remittances, Reports and Documents
2. Refund Of Premium Contribution

D. Cash Division

1. Remittances
2. Payment of Approved Disbursement Vouchers

E. Investments Division

1. Accreditation of Government Securities Eligible Dealers (GSEDs)

Health Finance Policy Sector (HFPS)

I. Accreditation Department

A. Accreditation Compliance Review Division

1. Receiving & Processing of Appeal/Motion for Reconsideration of HCPs
2. Receiving & Processing of Data Amendment Form (DAF) in the Integrated PhilHealth Accreditation System (iPAS)
3. Processing of Data Amendment Form (DAF) in the Integrated PhilHealth Accreditation System (iPAS)
4. Enhancement of Integrated PhilHealth Accreditation System (iPAS)

B. Accreditation Policy Research Development Division

1. Receiving and Processing of Contracts of HCIs as Z benefit package providers
2. Policy Development

C. Office of the Manager

1. Inquiries from Internal/External Stakeholders thru Email/Mail (Simple)
2. Inquiries from Internal/External Stakeholders thru Email/Mail (Complex)
3. Inquiries from Internal/External Stakeholders thru Email/Mail (Highly Technical)

II. Office of the Senior Vice President-HFPS

1. Inquiries from Internal/External Stakeholders thru Email/Mail

III. Philhealth CARES

1. Customer Assistance
2. Conduct of PhilHealth Patient Exit Survey

IV. PhilHealth Malasakit Center

1. P- Malasakit Center Customer Assistance

Information Management Sector (IMS)**I. Information Technology Management Department (ITMD)****A. Information System Management Division (ISMD)**

1. Processing of Software Certification/ Compliance Request
2. Registration to PhilHealth Systems and Integration Services
3. Software Development Services
4. Support Management Services
5. System Integration and Data Sharing Services

II. Project Management Office- PhilHealth Identity Management System (PMO-PIMS)

1. External Collaboration

Legal Sector**I. Fact-Finding Investigation and Enforcement Department**

1. Conduct of Fact-Finding Investigation
2. Processing Of Complaints From Walk-In Clients

II. Protest and Appeals Review Department

1. Resolution of Appeals on Denied or Reduced Benefit Claims Filed by the Member and Hospital Appellant

Member Management Group**I. All Departments**

1. Coordinate External Events / Activities of Formal Sector
2. Evaluation of Billing Documents by the Head Collection Division.
3. Evaluation of Received Documents for Review/Action and Approval of Collection Head.
4. Formulation and Development of Programs / Policies and Activities pertinent to membership and contributions.

II. Overseas Filipino Program

1. Adjustment, Correction and Deletion of Premium Contribution (Walk-in and Through E-mail)

2. Amendment of Member Data Record (Walk-in and through e-mail)
3. Enrolment Procedures (Walk-in and Through E-mail)
4. Handling of Inquiries: Guidelines on Membership, Contribution and Benefit Availment and Claims Concerns
5. Issuance of PhilHealth ID (Walk-in)
6. Issuance of Member Data Record (Walk-in and Through E-mail)
7. PIN Verification (Walk-in and Through E-mail)
8. Posting of Premium Contribution (Walk-in and through e-mail)
9. Receiving and Endorsement of Overseas Confinement Claims (Filed through E-mail)

Office of the President and Chief Executive Officer (OPCEO)

1. Management of Documents - External

I. Corporate Planning (CorPlan)

A. Knowledge Management Unit (KMU)

1. Processing of External Data Requests (Highly Technical)
2. Processing of External Data Requests (Complex)
3. Processing of External Data Requests (Simple)
4. Processing of External Data Requests (through eFOI Portal)

II. Office of the Corporate Secretary (CorSec)

1. Issuance of Minutes of Meeting
2. Issuance of Philhealth Board Resolutions (PBRs)

III. Secretariat for the Bids and Awards Committees (SBAC)

1. BAC Secretariat Services
2. Procurement Services

Internal Services

Operations Sector

Central Office - Office of the Area Vice Presidents (Areas I, II, III & IV)

1. Monitoring of PhilHealth Regional Offices concerns communicated to the Central Office
2. Processing of Letter of Requests/queries/issues/concerns sent by internal clients
3. Manage Release of Funds through Interim Reimbursement Mechanism (IRM)

PhilHealth Regional Offices (PROs CAR, I, II, III, IVA, IVB, V, VI, VII, VIII, IX, X, XI, XII, Caraga & BARMM)

I. Office of the Regional Vice-President

A. Information Technology Management Section

1. Manage System or Application Account
2. Manage Resetting of Network and email account

B. Public Affairs Unit

1. Issuance of Radio Program Scripts and Discussion Guides by LHIOs
2. UHC Orientation to New Employees
3. Approval of Social Media Content Development
4. Approval of Design and Layout of Tarpaulin and Collaterals
5. Request for Events Documentation and Assistance
6. Issuance of Corporate Identity Clearance (Brand Monitoring)
7. Provision of News Briefer to RVP and Officers

C. Legal Services Unit

1. Issuance of Legal Opinions
2. Conduct of Contract Review for Contracts / Agreements entered into by the PRO
3. Issuance of Final Demand Letter
4. Filing of Collection Cases Against Erring/Non-Remitting/Non-Compliant Employers or Members

Actuarial Services and Risk Management Sector

I. Corporate Information Security Department (InfoSec)

1. Information Security Incident Management (Simple)
2. Information Security Incident Management (Complex)
3. Information Security Incident Management (Highly Technical)
4. Information Security Policy and Protocols Development
5. Monitoring of Information Security Policy and Protocols
6. Safekeeping of Tape Vault Storage
7. Retrieval Tape Vault Storage

II. Office of the Actuary

1. Estimation of Claims Liability Reserve: Incurred But Not Paid (IBNP) & Incurred But Not Reported (IBNR)
2. Issuance of Actuarial Certification for Membership and Contribution Updates
3. Issuance of Actuarial Certification for Membership and Contribution Updates

III. Project Management Team for Risk Management (PMT-RM)

1. Issuance of Risk Assessment Certification (RAC) for New and Amended Programs, Projects, and Policies

Corporate Affairs Group (CAG)

I. Corporate Action Center(CAC)

1. Request for Existing Client Feedback Report
2. Request for Generation of New Client Feedback Report

II. Creative Arts and Design Team (CADT)

1. Development of Design/Lay-out of Printed Information Materials
2. Request for the Development of Design/Lay-Out for Marketing Collaterals
3. Request for the Development of An Audio-Visual Material/Production (AVP) or Corporate Video
4. Request for the Development of Lay-Out/Design for Social Media Cards and Other Digital Materials
5. Request for the Development of Lay-Out/Design for Brand Elements and Other Corporate Materials

III. Corporate Communication Department (CORCOM)

1. Communications Development- Social Media
2. Communications Development- PC Tamang Sagot
3. Communication Management- Website Management
4. Monitoring and Evaluation- Press Releases- (NRUR)
5. Communication Management- Press Releases
6. Monitoring and Evaluation- News Releases
7. Communication Management- Preparation of PRs

IV. Corporate Marketing Department (CorMar)

1. Request for Existing Marketing Materials
2. Request for Procurement of Corporate Giveaways, Promotional Items, Event Material (i.e. Tarpaulin Banner, Invitations)
3. Request for Clearance of Corporate Giveaways/Promotional Items/Event Materials Developed by Other Offices Especially PROs
4. Request from Other PhilHealth Offices for Customized Material
5. Request for Development of Audio-Video Presentation (AVP) including Procurement
6. Request for Development of Print Information Material Including Procurement

7. Request for Marketing Campaign/Plan for a Specific Benefit or Service
8. Request for Event Assistance (Includes selection of venue, venue set-up, invitation, program, and other event requirements) Including Procurement
9. Endorsement to Proponent/End-User of Requested Information Material/Corporate Giveaway/Promotional Item/ Event Material

V. International and Local Engagement Department (ILED)

1. Evaluation of Project Proposals for Local Engagement
2. Evaluation of Project Proposal on Foreign Assisted Projects
3. Assistance in Application/renewal of Official Passports

VI. Social Health Insurance Academy (SHIA)

1. Request for Orientation on UHC IRR
2. Request for a Conduct 5-Day Training of Certificate Course on ICD-10

Fund Management Sector (FMS)

I. Comptrollership

A. Branch Accounting Unit

1. Preparation of PRO Consolidated Trial Balance

B. Corporate Accounting Section (CAS)

1. Preparation of Financial Statements
2. Securing Order of Payment

C. Disbursement Administration Section (DAS) Remittance Unit

1. Processing of Disbursement for Statutory Remittances

D. Disbursement Administration Section (DAS)

1. Processing of Bonds for Accountable officers (SDOs, SCOs and property officers)
2. Processing of CAF
3. Processing of Disbursement Vouchers
4. Processing of Payroll Deduction-GSIS, Pag-Ibig, Provident Fund

E. Fiscal Management Division (FMD)

1. Corporate Operating Budget (COB) Preparation
2. Funding of Financial Transactions
3. Release of Funds

F. Budget Administration Section (BAS)

1. Budget Execution -Earmarking - Processing of Financial Transactions Needing Certification of Budget Availability in the Head Office (ABC)

2. Budget Execution -Earmarking - Processing of Financial Transactions Needing Certification of Budget Availability in the Head Office (CPO)
3. Budget Execution - Obligation of Budget Utilization (CAPEX)
4. Budget Execution - Obligation of Budget Utilization (MOOE)
5. Budget Execution - Obligation of Budget Utilization (PS)

G. System Support and Development Office

1. Clearance Request
2. FARU Data Extraction
3. FARU Library Maintenance
4. FARU Support for FMS Personnel
5. FARU Hardware/Software System Support

II. Office of the Senior Vice President-Fund Management Sector

A. Managerial Finance Section

1. Issuance of Financial Reports

III. Treasury Department

1. Payment of Approved Disbursement Vouchers

Health Finance Policy Sector (HFPS)

I. Accreditation Department (AD)

A. Office of the Manager

1. Inquiries from Internal/External Stakeholders thru Email/Mail (Simple)
2. Inquiries from Internal/External Stakeholders thru Email/Mail (Complex)
3. Inquiries from Internal/External Stakeholders thru Email/Mail (Highly Technical)

II. Benefits Development and Research Department (BDRD)

1. Development of New Benefits
2. Review of Existing Benefit Packages

III. Office of the Senior Vice President-HFPS

1. Inquiries from Internal/External Stakeholders thru Email/Mail

IV. Philhealth CARES Management Office (PCMO)

1. Consolidation of Quarterly Reports for P-CARES
2. Consolidation of Quarterly Reports for P-Malasakit Personnel
3. Consolidation of Quarterly Reports for Reachout
4. Policy Development for P-CARES, Reachout and P-Malasakit
5. Processing of PhilHealth Patient Feedback Form

V. Program Management Team for Claims (PMT-Claims)

1. Approval of Data Amendment Requests
2. Generation of Requested Reports on PhilHealth Corporate Dashboard / NCLAIMS
3. Policy Development for Claims Processing
4. System Enhancement Requests

VI. Standards and Monitoring Department

1. Health Care Provider Performance Assessment System (HCPPAS) - Management of Complaints/Reports/Referrals (Complex)
2. Health Care Provider Performance Assessment System (HCPPAS) - Management of Complaints/Reports/Referrals (Highly Technical)
3. Health Care Provider Performance Assessment System (HCPPAS) - Referral to Quality Assurance Committee (QAC) from PROs
4. Provide technical assistance to other organizational units that require expert medical advice and inputs (Complex)
5. Provide technical assistance to other organizational units that require expert medical advice and inputs (Highly Technical)

Information Management Sector (IMS)**I. ICT Planning, Policy and Standards Division (IPPSD-OCIO)**

1. Preparation of Initial Draft of ICT Policy/Standard Operating Procedure (SOP)
2. Review of ICT Policy/Standard Operating Procedure (SOP) (Initial Draft)
3. Sending Out of ICT Policy/Standard Operating Procedure (SOP) for Review
4. Finalization and Approval of Policy/SOP
5. Conduct Risk Assessment
6. Assessment of Standards on Corporate Issuance
7. Conduct Policy/SOP Review-Other Offices
8. ICT TOR / Tech Specs Review
9. Preparation of IT Preventive Maintenance (ITPM) Analytical Report
10. Preparation of Analytical Report on the IMS Client Satisfaction Feedback
11. IT Procurement Clearance
12. Arrangement of ISSP Development Meeting / Forum / Workshop
13. Conduct of Meeting, Forum, or Workshop on ISSP Development, Validation or Updating
14. Memorandum and Materials Preparation for ISSP-related Data/Information Gathering
15. ISSP Data Consolidation - Narrative, Diagrams, and Annexes

16. ISSP Preparation of Initial Draft - Narrative, Diagrams, and Annexes
17. Data and Information Gathering for the ISSP-ICT Resource Requirements
18. Preparation of ICT Resource Proposals
19. ISSP Revision (Draft Original or Revised Version of an Approved ISSP)
20. Finalization of ISSP (Draft Original or Revised Version of an Approved ISSP)
21. Submission of PCEO-Approved ISSP (Original or Revision of an Approved ISSP) to DICT for Review and Endorsement
22. Dissemination of DICT-endorsed ISSP

a. IT Helpdesk

1. Escalation and Monitoring
2. Issuance of IT Advisory
3. Management of User Accounts

II. Information Technology Management Department (ITMD)

a. Information Technology Resource Management Division (ITRMD)

1. Manage Request for Data Editing Service
2. Manage Auto Renewal of Sponsored Members
3. Manage Request for Uploading of External Data
4. Managed Request for Database Update
5. Manage Request for Deactivation of Database Account
6. Manage Request for Clearance of Separated Employees
7. Manage Request for Replication of New Tables
8. Manage Request for Document Review
9. Management of New Server Creation
10. Management Request for System Update
11. Management of Operating System Repair and Installation

b. Information System Management Division (ISMD)

1. Processing of Software Certification/ Compliance Request
2. Registration to PhilHealth Systems and Integration Services
3. Software Development Services
4. Software Outsourcing Services
5. Software Quality Assurance Services
6. Support Management Services
7. System Integration and Data Sharing Services

8. Website and Intranet Management Services

III. Project Management Office – PhilHealth Identity Management System (PMO-PIMS)

1. Conduct Problem Management
2. Provide support to Integrated Project Management Tool (IPMT) Users
3. Generate Microsoft Teams (MS Teams) Link for Video Conference

IV. Task Force Informatics (TFI)

1. Data Extraction
2. Dashboard or Reports Creation

Legal Sector

I. Arbitration Office

1. Issuance of Documents
2. Issuance of Certification on Pending or No Pending Administrative Case Against Health Care Providers (HCPS) and Members

II. Fact-Finding Investigation and Enforcement Department

1. Issuance of Certificate of Ongoing/Pending Investigation Against a Health Care Provider

III. Internal Legal Department

1. Issuance of Contract Review from Internal Legal Department
2. Issuance of Legal Opinion from Internal Legal Department
3. Handling of Appeals and Special Cases
4. Remittance Enforcement

IV. Office of the Senior Vice President, Legal Sector

1. Issuance of Contract Review from Office of the Senior Vice President, Legal Sector
2. Issuance of Legal Opinion from Office of the Senior Vice President, Legal Sector

V. Prosecution Department

1. Certification on Pending/Ongoing Administrative Complaints against Health Care Providers (HCPS) and Members

Member Management Group (MMG)

I. All Departments

1. Coordinate Internal Events/Meetings/Activities of Program Monitoring and Database Management Division
2. Evaluation of received documents for review/action and approval of Collection Head.
3. Evaluation of received documents for review/approval of Vice President, Member Management Group

4. Formulation and Development of Programs / Policies and Activities pertinent to membership and contributions.
5. Periodical Submission of Progress Report pursuant to Institutionalization of the PhilHealth Accounts Management and Monitoring Strategy (PAMMS)
6. Evaluation of Billing Documents by the Head Collection Division

II. Formal Sector

1. Improvement of collection effort thru closely monitoring of all issued Memos to attain the objective of various OCOO Memos pursuant to PhilHealth Accounts Management and Monitoring Strategy (PAMMS)

III. Operation Support Division

1. Development of Business or User Requirements Specification for the the Development and Enhancement of IT Support System Applications for Membership and Contributions
2. Technical Support on Membershi and Contributrions Information

IV. Program Monitoring and Database Management Division (PMDMD)

1. Database Quality and Analysis

Management Services Sector (MSS)

1. Corporate Personnel Order for MSS Approval
2. Request for Emergency Fund
3. Technical Evaluation for MSS Approval

I. Human Resource Department

1. Application for Leave
2. Issuance of Certificate of Performance Rating
3. Issuance of Certificate of No Pending Case
4. Issuance of Employee Record
5. Processing of Application for Study Leave /Vacation Leave for purposes of Study
6. Processing of Salary
7. Process Request for External Training
8. Request for Employee Record

a. Clinic

1. Clinic Services Availment
2. Medical Consultation

b. Daycare

1. Daycare Service

II. Physical Resources and Infrastructure Department (PRID)

a. Property and Supply Management Division (PSMD)

1. Documentation and Distribution of Property to End User
2. Inspection of Property
3. Supplies Management
4. Supplies Management - Semi-Expendable Items

b. General Services Building Management Division (GSBMD)

1. Request for Fund for Leasehold Improvements Project
2. Request for the Provision of Corporate's Vehicles
3. Request for Replacement of Busted Lights and other Building Maintenance Concerns
4. Request for Technical Assistance for MYOA and Office Space Evaluations
5. Request for Technical Assistance for Office Design

Office of the President (OP)

I. Corporate Planning (CorPlan)

- a. Performance Management Unit (PMU)
 1. Issuance of Corporate Quarterly and Annual scorecard (in compliance to Governance Commission for GOCCs)
 2. Issuance of Corporate Performance and GCG Commitment Reports
 3. Onsite Validation of Scorecard

II. Office of the Corporate Legal Counsel (OCLC)

1. Corporate Legal Services - Review of documents prior to approval of the President and CEO (Legal Documents)
2. Corporate Legal Services - Review of documents prior to approval of the President and CEO (MOA/Contracts)

III. Office of the Corporate Secretary (CorSec)

1. Issuance of Board and Committee Directives
2. Issuance of Minutes of Meeting
3. Issuance of Philhealth Board Resolutions (PBRs)
4. Issuance of for Secretary's Certificate

IV. Office of the President and CEO (OPCEO)

1. Management of Documents - Internal

V. Organization and Systems Development Office (OSDO)

1. Procedural Document Review

2. Staffing Assessment

VI. Secretariat for the Bids and Awards Committees (SBAC)

1. Procurement, Planning, Policy and Monitoring

EXTERNAL SERVICES

OPERATIONS SECTOR

1. Processing of Letter of Requests/queries/issues/concerns sent by internal and external clients

The Office of the Area Vice-President shall facilitate the processing of letter of requests, queries, issues and concerns of external clients .

Office/Division:	Office of the Area Vice Presidents (Areas I, II, III & IV)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	Local Health Insurance Office Heads and Local Health Insurance Office Information Officer-designate			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Letter of Request/Memoranda/Instructions/Routing Slips (1 Original/Scanned Copy)		Central Office Sectors/Departments/Other Stakeholders		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Memo/Instructions/Routing Slip to Area Office concerned	1.1 Receive memo/instructions/routing slip from offices concerned communicating their concerns thru private mail/email/personal delivery	None	1 Day	Clerk III, Office of the Area Vice Presidents
	1.2 Print and write control number at the bottom of the documents and logs it	None		Clerk III, Office of the Area Vice Presidents
	1.3 Review communication and proposes course of action or completed staff work before forwarding the document to the AVP	None		Executive Assistant III, Office of the Area Vice Presidents
2. Receive reply memo from Area Office/PRO	2.1 If concern can be resolved within AVP's authority, Area Office staff prepares reply within 2 days	None	2 Days	Chief Social Insurance Officer/ Executive Assistant/Senior Social Insurance Officer
	2.2 For issues needing the intervention of the PROs, the Area Office transmits the scanned documents via email to the PRO concerned and the PRO shall then prepares reply within 2 days upon receipt.	None		
3. Mark as "closed" in incoming/outgoing logbook/e-logbook	3.1 Mark as "closed" in incoming logbook/e-logbook	None		Clerk III, Office of the Area Vice Presidents
Total:		None	3 days	

1. PhilHealth Regional Office Level Data Request of National Health Insurance Program Stakeholders

Planning Unit shall provide and clear NHIP Records and Data to the requesting party

Office/Division:	Office of the Regional Vice-President - Planning Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	PhilHealth Divisions/ Sections/ LHIOs/ Stakeholders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For external clients : Letter of Request addressed to the RVP (1 original copy)		Client's request letter		
For internal clients : Data Request Form (DRF) - 1 original copy		Planning Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Request letter to LHIOs/ Regional Office	1. Planning Unit to evaluate the request and Data Request Form (DRF) for completeness of entries	For government agencies/ donors/ sponsors and as directed by judicial courts:	3 days	Planning Officer Office of the Regional Vice-President
	1.1 For requests concerning the provisions of the Data Privacy Law, secure clearance from the Compliance Officer for Privacy (COP)	a. Data published in corporate website- free of charge	7 days	Compliance Officer for Privacy Office of the Regional Vice-President
		b. Customized format data - Labor cost - Php 75.00 per hour		
None	2. Seek approval of Data from the Regional Vice President	- Computer Time & Operating Cost - Php 10.00 per hour	3 days	Regional Vice President Office of the Regional Vice-President
		-Printing/ Duplication/ Reproduction Cost - Php 2.00 per page		
		For Research Organizations/ Researches/ Students and Agencies with Jurisdiction over institutions and individuals		
		a. Data published in corporate website = Php 25.00 for the 1st Page documents print and additional cost per table/ page document print		
None	3. If fees are required, refer to cashier for payment	b. Customized format data	3 days	Cashier Section
		- Labor cost - Php 150.00 per hour		
		- Computer Time & Operating Cost - Php 20.00 per hour		
		-Printing/ Duplication/ Reproduction Cost - Php 5.00 per page		
Total:		19 days		

1. Sale/Issuance of Bidding Documents

The General Services Unit of the regional offices shall inform the public for prospective bidders to purchase bidding documents for them to qualify to join in a specific project using Competitive Bidding as procurement mode

Office/Division:	Management Services Division (MSD) - General Services Unit			
Classification:	Simple Transaction			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who may avail:	Prospective Suppliers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent to purchase the bidding documents (1 original copy)		Prospective Bidder/Supplier		
2. Order of Payment Slip (1 original copy)		Cashier of the PhilHealth Regional Office		
3. Official Receipt/Proof of Payment (1 original copy)		Cashier of the PhilHealth Regional Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1. The prospective bidders will inform the PRO SBAC of their intent to purchase the bidding documents	1. Issuance of Order of Payment to prospective bidders	None	30 minutes	PRO SBAC
2. The prospective bidders shall proceed to the Cashier to payment the corresponding fee indicated in the Order of Payment	2. Issuance of Official Receipt/Proof of Payment	depends on the amount indicated in the Bidding Documents (should be in accordance with RA 9184)	2 hrs	PRO Cashier
3. The prospective bidders shall present to SBAC the official receipt for issuance of Bidding Documents	3. Issuance of Bidding Documents	None	1 hr	PRO SBAC
Total:		3 hours and 30 mins		

1. Payment of Benefit Claims to Health Care Institutions (HCIs)

The Fund Management Section of the regional office shall generate checks and/or credits payment to HCI bank accounts for all benefit claims received from Benefit Administration Section (BAS)

Office/Division:	Management Services Division (MSD) - Fund Management Section (FMS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	Health Care Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Benefit Disbursement Voucher Summary (BDVS) (1 original copy)		Benefit Administration Section (BAS) of the PRO		
2. Provider Account Benefit Notice (PABN) (1 original copy)		Benefit Administration Section (BAS) of the PRO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	Receive and route Benefit Disbursement Voucher Summary (BDVS) for signature of Box B and Box C	None	2 Working Days	Clerk Management Services Division
None	Processing of Benefit Disbursement Voucher Summary (BDVS) payment	None	1 Working Day	Fiscal Planning Assistant B
1. Regularly monitor their Bank Account	Releasing of Authority to Debit Account	None	Every Wednesday after cut-off period	Head-Cashiering Unit
2. Pick-up ACPN on the nearest LHIO	Releasing of Auto Credit Payment Notice to Health Care Institutions (HCIs)	None	3 Working Days	Fiscal Clerk III
3. Issuance of Official Receipt	Encode details of ORs to BPS	None	3 minutes	Cashier/Fiscal Clerk III
TOTAL:		None	4-7 days	

1. Filing of Claims

External Service that is responsible for the processing and payment of benefit claims; Pay all good claims submitted by HCIs and individual members and their

Office:	Branch Offices			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	HCPs (doctors & facilities), OFW, member beneficiaries and their dependents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For HCIs: Claim Summary Form (CSF) - 1 scanned copy		Health Care Institution's (HCIs)/Health Care Providers (HCPs) - PhilHealth Accredited		
Statement of Account (SOA) - 1 scanned copy				
Claim Form 3 (CF3), Maternity Related as may be applicable - 1 scanned copy				
Claim Form 4 (CF4) - 1 scanned copy				
Other required documents depending on the illness (1 scanned copy)				
- Clinical Chart , Laboratories, X-Ray				
-Claim Summary Form (CSF for COVID Testing)				
For members filing directly: Claim Form 1/Claim Form 2 (CF1/CF2) - 1 original copy				
Original Receipt (OR) - 1 original copy)				
Complete hospital records - 1 original copy				
Statement of Account (SOA) - 1 original copy				
Waiver - 1 Original copy				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For HCIs: Submission of claims (E-Claims) *Claims may be filed within 60 days from the date of confinement of the patient HCI submits E-Claims through Certified Service Providers	1.1 Received the claims through the Certified Service Providers	None	1 Hour	Claims Assignor
TOTAL:		None	5 Minutes	

For members Filing Directly : *Claims may be filed within 60 days from the date of confinement of the patient * Claims Confinement Abroad may be filed with 180 days from the date of confinement 1. Secure information and/or queuing number at the Public Assistance Desk or if applicable, Special Lane Section for PWDs/ pregnant women and Senior Citizens	1.1 Direct client/s to the appropriate front line service. Provide the priority number to client/s.	None	1 Minute	Public Assistance Staff
2. When priority number is called, proceed to Frontline Service Counter and submit claims together with the transmittal list	2.1 Receive and screen claims as to the correct number and names of claimants against transmittal list.		30 minutes for every 100 Claims	Receiving Clerk
3. Affix initials to copy of transmittal list, if with correction.	3. Stamp "received" on the transmittal list if there are no deficiencies in the transmittal and total number of claim; if there is/are name/s listed but no claims attached, cross-out name/s in the list and have the transmittal list initialed by the hospital representative/health care provider.			
4. Receive copy of acknowledged transmittal list	5. Return received copy of transmittal list to hospital representative/health care provider and advise client that processing of claims will be done within the 60-day period			
TOTAL:		None	31 Minutes	

2. Processing of Filed Benefit Claims of Health Care Institutions (HCIs)

The Benefits Administration Section of the regional office shall pay all good claims submitted by HCIs and individual members and their dependents for their in-patient

Office/Division:	Health Care Delivery Management Division - Benefits Administration Section			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	Health Care Institutions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. For HCIs: CSF (1 scanned copy)		Health Care Institutions (HCIs)		
2. SOA (1 scanned copy)		Health Care Institutions (HCIs)		
3. CF4 (1 scanned copy)		Health Care Institutions (HCIs)		
4. Other required documents depending on the illness		Health Care Institutions (HCIs)		
5. For members filing directly: CSF (1 original copy)		Health Care Institutions (HCIs)		
or (1 original copy)		Health Care Institutions (HCIs)		
Complete hospital records (1 original copy)		Health Care Institutions (HCIs)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1. For Health Care Institutions	1.1 Receive the documents	None	1 day	Claims Assignor
	1.2 Assess Claim	None	1 day	Claims Assignor
None	1.3 Medical Prepayment Review	None	5 days	Medical Evaluator
None	1.4 Assign eClaims/Post MPR	None	5 days	Claims Processing Chief/Designated
None	1.5 Adjudication of Claims	None	10 days	Adjudicator
None	1.6 Payment Approval/Generate Benefits Disbursement Vouchers	None	5 days	Claims Processor
None	1.7 Certify budget and Funds available/account codes proper	None	5 days	Budget Officer/Accounting Chief
None	1.8 Payment Generation (ACPS)	None	5 days	Cashier
None	1.9 Generate and prepare voucher if paid	None	(If paid) 7 days	Voucher processor

None	1.10 If for return to hospital, review and prepare transmittal for mailing	None	(If RTH/Denied) 13 days	Adjudicator
None	1.11 Crediting to PhilHealth Servicing Bank	None	3 days	Cashier
TOTAL:		None	60 days	

2. For members filing directly: Submission of Claims	1.1 Receive the documents	None	1 day	Receiving clerk
None	1.2 Assess Claim	None	1 day	Claims Assignor
None	1.3 Medical Prepayment Review	None	5 days	Medical Evaluator
None	1.4 Assign eClaims/Post MPR	None	5 days	Claims Processing Chief/Designated
None	1.5 Adjudication of Claims	None	10 days	Adjudicator
None	1.6 Payment Approval/Generate Benefits Disbursement Vouchers	None	5 days	Claims Processor
None	1.7 Generate and prepare voucher if paid	None	(If paid) 7 days	Voucher processor
None	1.8 Certify budget and Funds available/account codes proper	None	8 days	Budget Officer/Accounting Chief
None	1.9 If for return to member, review and prepare transmittal for mailing	None	(If RTH/Denied) 12 days	Adjudicator
None	1.10 Prepare Check under Member's Name	None	3 days	Cashier
None	1.11 Mail/Send Check to Member	None	3 days	Cashier
TOTAL:		None	60 days	

1. Processing of Application for Accreditation of Health Care Institution

The Accreditation Section of the regional offices shall process the application for Accreditation of Health Care Institution

Office/Division:	Health Care Delivery Management Division - Accreditation Section			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	Hospital, Primary Care Facility/Infirmar, Ambulatory Surgical Clinic, Free Standing Dialysis Clinic, Maternity Package Provider, TB DOTS Package Provider, Out Patient Malaria Package Provider, Animal Bite Package Provider, Free Standing Family Planning Clinic, OHAT Package Provider, SARS COV 2 Testing Facility using RT PCR, COVID 19 Community Isolation Benefit Package Provider			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Hospitals/PCF General Requirements: (Renewal/Reaccreditation)				
1. Provider Data Record		PhilHealth Website/Offices		
2. Performance Commitment (Rev.3)		PhilHealth Website/Offices		
3. Updated DOH License (Photocopy)		Provided by the Applicant		
4. Application Fee		Provided by the Applicant		
5. Accredited Medical Director		Proof of Accreditation may be provided by the applicant/verified in the Accreditation database (IPAS)		
6. Audited Financial Statement		Provided by the Applicant		
Specific Requirements (Initial) in addition to the above				
7. JPEG Photo of the facility (also for reaccreditation for change in location)		Provided by the Applicant		
8. Proof of 3 years in Operation or Qualifier for exemption per PhilHealth Circular 11 s.2013		Provided by the Applicant		
9. Copy of SEC Certificate/General Information Sheet		Provided by the Applicant		
10. Statement of Intent (if applying during the last quarter of the year)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of Application to LHIO/PRO	1. Receive and screen initially the application	None	5 -10 Mins/Application	LHIO/PRO Receiving Officer
2. Wait result of Screening of Application	2. Provide Order of Payment	None	5 -10 Mins/Application	LHIO/PRO Receiving Officer
If incomplete application, get the application together with attached checklist of requirements with list of deficiency/ies	Return the application to applicant together with copy of the checklist of requirements and list of deficiency/ies	None	5 -10 Mins/Application	LHIO/PRO Receiving Officer
If application is complete	Encode in the IPAS Receiving Module	None	5 -10 Mins/Application	LHIO/PRO Receiving Officer

3. Applicant gets Order of Payment	3. Prepares Order of Payment	None	5 -10 Mins/Application	LHIO/PRO Receiving Officer
4. Pays Applicable Fee/s	4. Process payment, issues Official Receipt	PCF/Infirmary - P3,000, Level 1 - P5,000, Level 2 - P8,000, Level 3 - P10,000	10 -15 Mins/Application	Cashier
None	5. Transmit application to PRO if application was filed at the LHIO	None	Transmits within 5 working days from receipt of application	LHIO Receiving Officer
None	6. Determines the process of accreditation if for automatic accreditation encodes details in the Data Entry Module of IPAS	None	Within the day	SIO-AQAS
None	NOTE: Automatic Accreditation: is an accreditation given to any institutional health care provider that is licensed or certified by DOH or other certifying body duly recognized by Philhealth and has the opportunity to be engaged with the national health Insurance Program. These IHCPs do not require pre accreditation survey and deliberation by the PRO Accreditation Subcommittee	None		
None	Non Automatic Accreditation: IHCPs shall be subjected to Pre accreditation survey , result of PAS shall be part of the agenda for deliberation by the PRO Accreditation Subcommittee	None		
5. Wait for Notice of Survey	If for Non Automatic Accreditation, schedule	None	5-10 Mins/Application notice of survey generated and emailed to facility	SIO-AQAS
None	Conduct Pre Accreditation Survey	None	Conducts survey within 30 days from receipt of application	AQAS (MS III, MS I, SIO III, SIO I)
6. Submit Compliance/s within the prescribed compliance period	Note: During the pandemic, facility visit/conduct of Pre-Accreditation Survey is waived, Health Care Institutions are instructed to submit proof of compliance to accreditation requirements within 60 calendar days	None	Compliance period 60 calendar days	
None	Encoding in the Data Entry Module of the IPAS	None	5-10 Mins/Application	SIO-AQAS
None	Evaluation of HCI Performance	None		

None	• Inquire if with pending case from Legal Sector and Arbitration Office	None	Inquiry/request can be emailed within the day NOTE: reply from Legal Sector/Arbitration Office may take 1-2 weeks (but there are times reply takes longer period)	AQAS
None	• Evaluation of NBB Compliance for government hospitals	None	Inquire from BMU within the day NOTE: reply may take 1-2 days	AQAS
None	• Inquire from PRO Legal office if with pending case/ validated findings	None	Inquiry/request can be transmitted	AQAS
None	• Request for profiling report from BMU	None	Inquiry/request can be done within a day NOTE: Reply may take 7 working days (longer depends on ITU compliance on extraction)	AQAS
None	Generate agenda recommended for Subcom	None	Within the day	AQAS
None	Conduct Pre SubCommittee Meeting	None	Within the day	HCDMD/AQAS
None	Conduct of SubCommittee Meeting	None	Conduct of meeting Once or twice a month (15-30 days)	HCDMD/AQAS Accreditation Subcommittee
None	Perform Post Subcommittee Meeting	None		
None	• Generate IPAS agenda list for approved/denied applications	None	Within the day	AQAS
None	• Recommend VP for affirmation of recommendation	None	Within the day	AQAS
None	• Prepares Minutes of Subcommittee Meeting	None	7 working days	AQAS
None	• Posting/tagging of decision in the IPAS	None	2 days from receipt of signed agenda	AQAS
None	• Printing of certificate of Accreditation	None	5 Mins/Document	AQAS
None	• Preparation of approval and denial letters	None	5 Mins/Document	AQAS
None	• Mailing/messengerial request for denial letter	None	15 Mins	HCDMD Clerk

None	Notify provider for the availability of the Approval Letter and certificate of Accreditation	None	5 -10 Mins/Application	AQAS
7. Claims certificate of accreditation and approval letter at the PRO Signs receiving copy	Provides Certificate of Accreditation and Approval Letters, Files receiving copy	None	5 -10 Mins/Application	HCDMD Clerk
TOTAL:		None	Highly Technical Transaction	
Automatic Accreditation			53 days (if SubCom Meeting conducted once a month)	
Non-Automatic Accreditation			143 days (if SubCom Meeting conducted once a month)	

Note: Processing time is under non-pandemic condition and non-skeletal schedule of staff

1. Enrollment/Registration of Members

The Local Health Insurance Offices shall register all Filipinos to the NHIP.

Office/Division:	Local Health Insurance Offices - Membership	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
Who may avail:	All Members	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Government/Private (Employed)		
If No PIN:		
PhilHealth Member Registration Form (PMRF) (properly accomplished 1 original copy)		Any PhilHealth Office/LHIO/PhilHealth Website
Properly accomplished ER2 (1 original copy)		
If with PIN:		
Properly accomplished ER2 (1 original copy)		
Household Helpers/Employees		
If No PIN:		
For Kasambahay: Properly accomplished Household Employment Unified Report (HEUR2) and Kasambahay Unified Registration Form (KURF) 1 original copy		Any PhilHealth Office/LHIO/PhilHealth Website
For Family Driver: Properly accomplished Household Employment Unified Report (HEUR2) and PhilHealth Member Registration Form (PMRF) 1 original copy		Any PhilHealth Office/LHIO/PhilHealth Website
If with PIN:		
Properly accomplished Household Employment Unified Report (HEUR2) 1 original copy		
SSS Retirees/Pensioners		
Printout of Death, Disability and Retirement (DDR) indicating that the type of claim is retirement in nature and the effectivity date of pension; or 1 original copy		Social Security System
Printout of contributions indicating the latest contributions (if they retired after March 4,1995) 1 original copy		Social Security System
GSIS Retirees		
Any of the following: (1 original copy)		
1. Certification/Letter of Approval of Retirement from GSIS;		
2. Service Record issued by employer/s indicating date of retirement and total number of service not less than 120 months		

3. Certification/Retirement Gratuity from employer indicating not less than 120 months of service.	Government Service Insurance System
Uniformed Members of the AFP, PNP and BFP Retirees/ Pensioners (those who are inactive military service until they retire at age 56 and those separated by retirement or other reasons prior to the said age but have reached the age of 60)	
Any of the following: (1 original copy)	
Statement of Services from previous employer indicating not less than 120 months of service	
Certification/Letter of Approval of Retirement from GSIS not less than 120 months of service	
General, Bureau or Special Order indicating effectivity of retirement.	
Receiving of the documents for retiring employees whose application for the Lifetime Member Program (LMP) will be facilitated by the employer three (3) months prior to the date of retirement	
Photocopy of the following documents, duly certified by the employer: Approved retirement application and proof of contributions or Service Record 1 original copy	
Senior Citizens	
Properly accomplished PhilHealth Member Registration Form (PMRF) 1 original copy	Any PhilHealth Office/LHIO/PhilHealth Website
1 x 1 photo taken within the last six (6) months	
Senior Citizens' Identification Card issued by the OSCA in the city or municipality where the elderly resides 1 original copy or	issued by the OSCA in the city or municipality where the elderly resides or ANY of the following as proof of status as senior citizen:
ANY of the following as proof of status as senior citizen: 1 original copy	
o Philippine passport;	
o Birth certificate;	
o Baptismal Certificate;	
o Valid Driver's license;	
o Voter's ID;	
o SSS/GSIS ID;	
o Valid Professional Regulatory Commission (PRC) ID;	
o Postal ID;	
o National Bureau of Investigation (NBI) Clearance;	National Bureau of Investigation
o Overseas Filipino Worker's ID;	Overseas Workers Welfare Administration

o Valid identification cards issued by recognized government institutions/ agencies/corporations that specify the full name, sex, date of birth, address and signature of owner; or	
o In the absence of the abovementioned documents, the following may be accepted, subject to PhilHealth validation: 1 original copy	
- Certificate from the National Council for the Welfare of Disabled Persons (NCWDP);	
- DSWD or Local DSWD certification	
- Barangay Certification; and	
Affidavit from two (2) disinterested persons certifying the age and identity of the elderly person.	
Receiving of the documents for OSCA or other Senior Citizen Group enrollment application for the Lifetime Member Program (LMP) will be facilitated by the employer three (3) months prior to the date of retirement:	Office of Senior Citizen Affairs
Electronic text file of Senior Citizens with the following: 1 original copy	
o Full name (family, first, middle, including name extension if applicable)	
o Birth date	
o Sex	
o Full name (family, first, middle, including name extension if applicable) of legal spouse and/or qualified dependents; and	
o Address with the following breakdown:	
- Unit/Room/Floor No.;	
- Building Name;	
- Lot/Block/House/Building No.;	
- Street;	
- Subdivision/Village;	
- Barangay (required field);	
- City/Municipality (required field); and	
- Province (required field).	
Endorsement letter: Preferably with filled-out PMRFs	
i-Group (Organized Group)	
PhilHealth Member Registration Form (PMRF) (properly accomplished 1 original copy)	Any PhilHealth Office/LHIO/PhilHealth Website
Signed MOA 1 original copy	Concerned LGU

Applicable Certification from BSP, COA, SEC, DTI or LGU (delete this), instead a Letter of Intent shall be submitted 1 original copy		
Migrant Workers		
PhilHealth Member Registration Form (PMRF) (properly accomplished 1 original copy)		Any PhilHealth Office/LHIO/PhilHealth Website
If warranted: 1 original copy Any of the following as proof of being an active OFW: Valid Overseas Employment Certificate (OEC) or E- receipt of current year or is valid for one (1) year from date of transaction; or Working Visa/Re-entry Permit; or Valid Employment Contract; or Valid Company ID issued by Employer abroad; or Cash Remittance receipt from member abroad at least 2 months prior to the date of renewal/ payment; or Valid workers' Identification (ID) Card issued by the host country (i.e.Hongkong ID, Iqama of Saudi, Permessod' Soggiorno and Cartad' Identita of Italy);or Any other equivalent document that will prove that the member is an active OFW.		Concerned offices as indicated
Foreign Nationals		
Properly accomplished PhilHealth Member Registration Form (PMRF)		Any PhilHealth Office/LHIO/PhilHealth Website
Alien Certificate Registration (ACR)this should be Alien Certificate of Registration Identity Card (ACR I-Card)		
PRA Identification Card or Special Resident Retiree's Visa (SRRV)		
Sponsored Members (e.g. LGUs, Private Institutions, Individuals, etc.)		
Certified List/Properly accomplished PhilHealth Member Registration Form (PMRF)		Concerned LGU
Indigent Members (NHTS-PR)		
Certified List/Properly accomplished PhilHealth Member Registration Form (PMRF)		Concerned LGU

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required forms to any Local Health Insurance Office	Receive the submitted documents	None	5 mins per PMRF	LHIO Head/LHIO Staff of the Membership Section
None	check application based on attached documents	None		
None	if incomplete, notify client	None		
None	if complete, check for possible existing PIN	None		
None	if with existing PIN, notify client	None		
None	if no existing PIN, assign a new PIN	None		
None	Send electronic MDR to member	None		
TOTAL:		None	5 mins	

2. Enrollment/Registration of Employers

The Local Health Health insurance Offices shall register employers in the private/government sector.

Office/Division:	Local Health Insurance Offices - Membership	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
Who may avail:	All Private and Government Agencies	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Manual Registration		
For Government Employers: Employer Data Record Form (1 properly accomplished original copy)		Any PhilHealth Office/LHIO/PhilHealth Website
For Private employers: ER1 (1 properly accomplished original copy)		
Business permit / license to operate and/or any of the following: 1 original copy		
a. Department of Trade and Industry (DTI) Registration (Single proprietorship)		
b. Securities and Exchange Commission (SEC) Registration (Partnerships, Corporations, Foundations, & Non-Profit Organizations)		
c. Cooperative Development Authority (CDA) Registration (Cooperatives)		
d. Barangay Certification and/or Mayor's Permit (Backyard Industries/Ventures and Micro-Business Enterprises)		
Electronic Registration		
For private employers:		
Registration through the Securities and Exchange Commission – Integrated Business Registration System (SEC-IBRS)		
Registration through the Philippine Business Registry (PBR)		
For Household Employers:		
Household Employer Unified Registration Form (HEUR1) (1 properly accomplished original copy)		Any PhilHealth Office/LHIO/PhilHealth Website

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required forms to any Local Health Insurance Office	Receive the submitted documents	None	15 mins	LHIO Head/LHIO Staff of the Membership Section
None	check application based on attached documents	None		
None	if incomplete, notify client	None		
None	if complete, check for possible existing PIN	None		
None	if with existing PIN, notify client	None		
None	if no existing PIN, assign a new PIN	None		
None	Send electronic MDR to member	None		
TOTAL:		None	15 mins	

3. Updating of MDR through Online Methods (LHIO Emails)

The Field Operations Division - Local Health Insurance Offices shall provide convenience and protect the interest of all clients while aligning our processes to the mandate of contactless transactions.

Office/Division:	Local Health Insurance Offices - Membership			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All Members			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
PhilHealth Member Registration Form (PMRF) (1 original copy)			Philhealth Office/website	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Send email requests to official email addresses of the regional offices	check all emails	None	simple transaction - 1-3 days	LHIO Head/LHIO Staff of the Membership Section
	forward to respective unit for action	None		
	check application based on attached documents	None		
	if incomplete, notify client	None		
	if complete, check for possible existing PIN	None		
	if with existing PIN, notify client	None		
	if no existing PIN, assign a new PIN	None		
	Send electronic MDR to member	None		
TOTAL:		None	3 days	

4. Member Registration through Online Method

The Field Operations Division - Local Health Insurance Offices shall provide convenience and protect the interest of all clients while aligning our processes to the mandate of contactless transactions, expedite processing of registration and generation of PIN

Office/Division:	Local Health Insurance Offices - Membership			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All Members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly Filled out PMRFs		accredited HCPs		
2. Photocopy of documentary Requirements (e.g birth certificate/marriage contract)		from patients		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRFs to the PhilHealth Section of HCPs	None	None	None	
2. HCP representative conducts initial evaluation of documents	None	None	None	
3. HCP representative shall scan and email to LHIO	Check email and review completeness of submitted documents; print and stamp received	None	5 minutes	LHIO Head/Staff
TOTAL:		None	5 mins	

5. Processing of Inquiry of walk in clients

The Field Operations Division - Local Health Insurance Offices shall provide services to walk-in clients.

Office/Division:	Local Health Insurance Offices - Membership			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who may avail:	All Walk-In Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PhilHealth Identification Card/PIN or 2 Valid IDs		Clients must be present.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRFs to the PhilHealth Section of HCPs	None	None	None	
2. HCP representative conducts initial evaluation of documents	None	None	None	
3. HCP representative shall scan and email to LHIO	Check email and review completeness of submitted documents; print and stamp received	None	5 minutes	LHIO Head/Staff
TOTAL:		None	5 mins	

1. Inquiry on PhilHealth Collection

Shall provide general information about PhilHealth Collection

Office/Division:	Local Health Insurance Offices - Collection			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request on PhilHealth Collection via email	1. Check all e-mails for the day.	None	1 Day	Electronic (via email)
None	2. Send a reply on the inquiry on PhilHealth Collection			Collection Section Staff
TOTAL:		None	1 Day	

2. Request for refund of Double Payment per CO No. 2020-0025

The Collection Section shall provide assistance in facilitating requesting for refund of double payment

Office/Division:	Collection Section - Branch			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Original with (1 Photocopy) 1. Data Amendment Request Form (DARF) 2. Request Letter 3. PhilHealth Official Receipt (POR)/PhilHealth Agent's Receipt (PAR) 4. Statement of Premium Account (SPA)/Transaction Monitoring History		1. Forms may be downloaded at the PhilHealth website 2. Requesting Member 3. Receipt from Member 4. Generated by the employers through their own accounts using the Electronic Premium Remittance System (EPRS).		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request on PhilHealth Collection via email	1. Check all e-mails	None	1 Day	Electronic (via email)
None	2. Prepare the DATA AMENDMENT REQUEST FORM (DARF) based on the information provided for approval of the Branch Manager/ Vice President-(of Area)		3 Days	Collection Section Staff
None	3. Send transmittal memo signed by the Branch Manager with pertinent documents to the Vice President-(of Area)		2 Days	
None	4. Submit the signed DARF and other pertinent documents to the Area Vice President who will endorse to the Fund Management Sector for appropriate action		1 Day	
TOTAL:		None	7 Days	

3. Collection of Premium Payment

The Local Health Insurance Offices shall accept premium payment to all members of the NHIP.

Office/Division:	Local Health Insurance Offices - Collection	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
Who May Avail:	All members	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Individual Payment:		
1. PMRF and proof of income (1 properly accomplished and original copy)		Any PhilHealth Office/LHIO/PhilHealth Website
2. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices
For Employers EPRS Users with 10 and below employees:		
EPRS-generated Statement of Premium Accounts (1 original copy)		EPRS (concerned employer)
For non-EPRS Users located in GIDAS or in Areas where there are ACAs but no available Internet Service Provider (ISP):		
3. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices
For i-Group		
4. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices
5. Billing Statement: Statement of Premium Accounts (SPA) (1 properly accomplished and original copy)		
For Migrant Workers (Land-Based)		
6. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices
For Foreign Nationals		
7. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices

For Sponsored Members (e.g. LGUs, Legislators, Private Institutions, Individuals, etc.)				
8. PhilHealth Premium Payment Slip (PPPS) (1 properly accomplished and original copy)		Local Health Insurance Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Comply with COVID-19 protocols: foot bath, temperature check, hand sanitation and contact tracing	1. Ensure compliance of client to the minimum health standards 2. Check if member's/employer's last digit of PIN/PEN is catered for the day according to the assigned number coding	None	1 minute	Guard LHIO
2. Secure PMRF and payment slip from LHIO frontline counter	3. Direct clients to the appropriate procedures in filling up the PMRF and payment slip	None	1 minute	Guard LHIO
3. Submit duly accomplished PMRF with proof of income and payment slip	4. Receive and screen the PMRF and proof of income; validate the payment slip against the attached proof of income	None	5 minutes	PACD Officer LHIO
4. Proceed to Cashier for payment of premium	5. Process the payment/encode in the OTCCS 6. Receive the cash or check payment from the payor/member	None	5 minutes	Cashier LHIO
5. Receive the printed PhilHealth Official Receipt (POR)	7. Release the PhilHealth Official Receipt (POR) to payor/member	None	3 minutes	Releasing Officer LHIO
	if no existing PIN, assign a new PIN			
	Send electronic MDR to member			
TOTAL:		None	15 Minutes	

1. Approval of Requests by the Regional Vice-Presidents concerning Membership and Collection

The Local Health Health insurance Offices shall accept premium payment to all members of the NHIP.

Office/Division:	Local Health Insurance Offices - Support Services			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who May Avail:	All members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request (1 original copy)		Members		
General information about the members' membership/premium contribution (1 original copy of fully accomplished applicable form)		Members		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request to the LHIO Admin Designate	1.1 Receive and stamp the date of receipt on the letter request 2. Forward the letter request to the CSIO for action/notation	None	5 minutes	LHIO Head/Staff
	1.2 Write appropriate action and notation on the letter request	None	5 minutes	LHIO Head/Staff
	1.3 Forward the letter request to FOD	None	5 minutes	LHIO Head/Staff
	1.4 Receive the letter request and route to ORVP for approval	None	3-7 days complex transaction	FOD
	1.5 Route the letter request to concerned Unit	None		Planning Unit
	1.6 Process/provide the data and prepare the transmittal letter	None		Concerned Unit
	1.7 Sign/Approve the transmittal letter	None		RVP
	1.8 Release the requested data to the requesting party/ LHIO	None		Planning Unit
	1.9 If channeled through LHIO; receive and release the data to the requesting party	None		LHIO Admin Designate
TOTAL:		None	8 days	

2. Approval of Requests for Orientation

The Local Health Health insurance Offices shall accept premium payment to all members of the NHIP.

Office/Division:	Local Health Insurance Offices - Support Services			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
Who May Avail:	All members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Request (1 original copy)		Members		
General information about the members’ membership/premium contribution (1 original copy of fully accomplished applicable form)		Members		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter request to the LHIO Admin Designate	1.1 Receive and stamp the date of receipt on the letter request	None	15 minutes	LHIO Head/Staff
	1.2 Forward the letter request to the CSIO for action/ notation	None		LHIO Head/Staff
	1.3 Write notation on letter request: if can be handled by LHIO, assign LHIO staff who will conduct the orientation; if not, endorse to FOD for appropriate action	None		LHIO Head/Staff
	1.4 If can be handled by LHIO, endorse the request to the assigned LHIO staff	None		LHIO Head/Staff
	1.5 If cannot be handled by LHIO in cases of highly technical transactions, forward the letter request to FOD	None	3-7 days (complex transaction)	LHIO Head/Staff
	1.6 Route/Transmit the letter request to concerned Unit	None		FOD
	1.7 Process/provide the data and prepare the transmittal letter	None		Concerned Unit
	1.8 Sign/Approve the transmittal letter	None		RVP
	1.9 Release the requested data to the requesting party/ LHIO	None		Planning Unit
	1.10 If channeled through LHIO; receive and release the data to the requesting party	None		LHIO Admin Designate
TOTAL:		None		

1. Public Assistance Services

Provision of initial assistance to all clients of the Local Health Insurance Office for the purpose of establishing order and direction to the transacting public

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All walk-in clients of the Local Health Insurance Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure information and appropriate PhilHealth Forms, fill-out the forms and ask for initial direction	1. Provide appropriate forms and information	None	maximum of 10 minutes per client	Public Assistance Staff - LHIO
2. Get a queuing number and wait for the number to be called	2. Give queuing number and direct the client to the appropriate frontline counter or area in the LHIO			
TOTAL:		None	10 minutes	

2. Member Registration through Online Method

The Field Operations Division - Local Health Insurance Offices shall provide convenience and protect the interest of all clients while aligning our processes to the mandate of contactless transactions, expedite processing of registration and generation of PIN

Office/Division:	Local Health Insurance Offices - Membership			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All Members			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly Filled out PhilHealth Member Registration Form (PMRF) (1 original copy)		accredited HCPs		
2. 1 Photocopy of documentary Requirements (e.g birth certificate/marriage contract)		from patients		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PhilHealth Member Registration Form (PMRF) to the PhilHealth Section of Health Care Providers (HCPs)	None	None	None	None
2. Health Care Provider (HCP) representative conducts initial evaluation of documents	None	None	None	None
3. Health Care Provider (HCP) representative shall scan and email to LHIO	3.1 Check email and review completeness of submitted documents; print and stamp received	None	5 minutes	LHIO Head/Staff
TOTAL:		None	5 minutes	

3. Online Application and processing of Inquiry of walk in clients

The Field Operations Division - Local Health Insurance Offices shall provide services to walk-in clients.

Office/Division:	Local Health Insurance Offices - Membership			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All Walk-In Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. PhilHealth Identification Card/PIN or 2 Valid IDs		Clients must present.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PhilHealth Member Registration Form (PMRF) to the PhilHealth Section of Health Care Providers (HCPs)	None	None	None	None
2. Health Care Provider (HCP) representative conducts initial evaluation of documents	None	None	None	None
3. Health Care Provider (HCP) representative shall scan and email to LHIO	1. Check email and review completeness of submitted documents; print and stamp received	None	5 minutes	LHIO Head/Staff
TOTAL:		None	5 minutes	

4. Enrollment of Formal Sector Employees (5 employees and below)

Registration of Formal Sector employees, maximum of 5 individuals and below only and issuance of their PhilHealth identification Cards and Member Data Records

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All newly hired or existing employees in the government or private institutions, with or without PhilHealth Identification Number (PIN)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Employer Report Form 2 (ER2) (original, 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
PhilHealth Membership Registration Form (PMRF) (original 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF together with the Report of Employee-Members (Er2 Form) and supporting documents once the number is called	1.1 Receive and screen duly accomplished PMRF, Er2 and supporting documents	None	5 minutes per record (25 minutes for 5 employees)	Frontline Officer - LHIO
None	1.2 Reconcile the name/s of the employees indicated in the Er2 form against the attached PMRF			
None	1.3 Return received copy of Er2 (if submitted PMRFs are more than 5); or advise the client to wait for the release of PhilHealth Identification Card (PIC) and Member Data Record (MDR) if submitted PMRFs are 5 and below at the Releasing Counter			
2. Receive advice and received copy of ER2 from the Frontline Officer if documents submitted are to be mailed or proceed to the Releasing Counter once the name of the company/ business is called.	2.1 Endorse PMRFs to Support Officer for processing			

	2.2 Process PMRFs (Detailed Processing)			
	2.3 Verify if name of employee already exists in the system			
	2.4 Encode data indicated in the PMRF in the system			
	2.5 Print PhilHealth Identification Cards (PIC) and Member Data Record (MDR)			
	2.6 Release the PhilHealth Identification Card/s (PIC) and Member Data Record/s (MDR)			
3. Receive PIC and MDR at the Releasing Counter	None			
TOTAL:		None	25 minutes	

5. Enrollment of Household Employees (5 employees and below)

Registration of individuals belonging to the Household category and issuance of their PhilHealth identification Cards (PIC) and Member Data Record (MDR)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All individuals belonging to the Household Employees category such as Kasambahays and Drivers			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Household Employer Unified Registration Forms (HEUR1, HEUR2) and Kasambahay Unified Registration Form (KUR) (original, 2 copies)			downloadable at www.philhealth.gov.ph , LHIO	
PhilHealth Membership Registration Form (PMRF) (original 2 copies)			downloadable at www.philhealth.gov.ph , LHIO	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and submit duly accomplished Kasambahay Unified Registration Form (KURF) and/or PMRF (for Family Driver) together with the Household Employment Unified Report (HEUR2) form and supporting documents (if any) to the frontline staff	1.1 Receive and screen submitted KURF/PMRF and supporting documents	None	5 minutes per PMRF (25 minutes for 5 individuals)	Frontline Officer - LHIO
	1.2 Reconcile the name/s of the Kasambahay/Family Driver indicated in the HEUR2 form against the attached KURF/PMRF			
	1.3 Acceptance of submitted KURF/PMRF 1.3.a. For 5 KURF/PMRF and below, advise client to wait for the release of PIC, MDR and copy of processed HEUR2 1.3.b. For more than 5 KURF/PMRF, receive the documents and inform client to return after 3 days for the release of PIC, MDR and copy of processed HEUR2.			
2. Sign the processed HEUR2 and KURS and hand them back to the front line officer.	2.1 Process KURFs/PMRF (for Family Drivers)			
	2.1.a. Verify if name of household employee already exists in the system.			
	2.1.b. Update / Encode data indicated in the KURF in the system (via KURS).			

	2.1.c. Print PIC and MDR			
	2.1.d. Print and sign the processed HEUR2 and KURF in 3 copies.			
	2.1.e. Require the client to sign also the above-mentioned 3 copies.			
	2.1..f. Hand-over 1 duly-signed copies of the processed HEUR2 and KURF to the client, and keep the 2 other originally-signed copies for endorsement to SSS and for PhilHealth record.			
3. Receive copy of processed HEUR2 with applicant's signature, PIC and MDR from the frontline staff	3.1 Release the copy of processed HEUR2, PIC and MDR to household employee/ representative			
TOTAL:		None	25 minutes	

6. Enrollment of Individuals - Lifetime Members

Registration of individuals belonging to the Lifetime Members category and issuance of their PhilHealth identification Cards (PIC) and Member Data Record (MDR)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All individuals who have reached minimum retirement age required of their profession (in case of professionals) or otherwise, individuals who have reached sixty years of age and have contributed at least 120 monthly premium contributions to the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form (PMRF) (original 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
Proof of 120 months contribution to the NHIP or proof that the 120 months requirement is not required (see specific requirements per category of retiree); (clear photocopy, 1) or PhilHealth Official Receipts showing at least 120 months contribution to the NHIP (clear photocopy, 1)		Previous employer		
Latest 1 x 1 ID pictures (2 copies)		Not applicable		
Specimen signature of the member		Not applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting document/s, if applicable, once the number is called.	1.1 Receive and screen duly accomplished PMRF with supporting documents	None	30 minutes per PMRF	Frontline Officer - LHIO
	1.2 Encode/clean-up detected multiplicity/assign/update member data and scan signature of member.			
	1.3 Print the Member Data Record (MDR) and Identification Card.			
	1.4 Laminate the printed Identification Card with the ID picture of the Client/Member, if applicable			
	1.5 Release the laminated Identification Card to Client/ Member together with the Member Data Record (MDR) and have the member sign/acknowledge receipt of documents			
2. Receive the Identification Card and Member Data Record (MDR) and acknowledge receipt				
TOTAL:		None	30 minutes per PMRF x No. of PMRF	

7. Enrollment of Individuals - Senior Citizens

Registration of individuals belonging to the Senior Citizens category and issuance of their PhilHealth identification Cards (PIC) and Member Data Record (MDR)

Office/Division:	Local Health Insurance Office	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	All Filipinos who have reached sixty years of age, even without contribution to the National Health Insurance Program for as long as the subsidy of the National Government for the premium contribution of this category continues.	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PhilHealth Membership Registration Form (PMRF) (original 2 copies)		downloadable at www.philhealth.gov.ph , LHIO
1 x 1 photo taken within the last six (6) months; and (2 pcs)		Not applicable
Senior Citizens' Identification Card issued by the OSCA in the city or municipality where the elderly resides or ANY of the following as proof of status as senior citizen:		Office of the Senior Citizens Affairs
Philippine passport;	(clear photocopy, 1 copy)	Department of Foreign Affairs
Birth certificate;		Philippine Statistics Authority
Baptismal Certificate;		Church where the member was baptized
Valid Driver's license;		Land Transportation Office
Voter's ID;		Commission on Election
SSS/GSIS ID;		Social Security System Government Services Insurance System
Valid Professional Regulatory Commission (PRC) ID;		Professional Regulations Commission
Postal ID;		Nearest Post Office
National Bureau of Investigation (NBI) Clearance;		National Bureau of Investigation
Overseas Filipino Worker's ID;		Overseas Workers Welfare Administration, Employer
Valid identification cards issued by recognized government institutions/agencies/corporations that specify the full name, sex, date of birth, address and signature of owner; or		Any recognized Government Institution

In the absence of the abovementioned documents, the following may be accepted, subject to PhilHealth validation:	(Original)	Not applicable		
- Certificate from the National Council for the Welfare of Disabled Persons (NCWDP);		National Council for the Welfare of Disabled Person's Offices		
- DSWD or Local DSWD certification;		Department of Social Welfare and Development Offices		
- Barangay Certification; and		Barangay where the Senior Citizen resides		
- Affidavit from two (2) disinterested persons certifying the age and identity of the elderly person.		Any licensed Notary Public		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting documents after the number is called	1.1 Receive and screen duly accomplished PMRF with supporting document/s.	None	10 minutes per PMRF	Frontline Officer - LHIO
	1.2 Encode/clean-up detected multiplicity/update member data if with existing record. If none, issue PIN.			
	1.3 Print Member Data Record (MDR) and PhilHealth Identification Card			
2. Sign name in the PhilHealth ID card	2.1 Release MDR and PhilHealth ID	None	10 minutes per PMRF	Frontline Officer - LHIO
3. Receive the Identification Card & Member Data Record (MDR) and acknowledge receipt of the documents				
TOTAL:		None	10 minutes per PMRF x No. of PMRF	

8. Enrollment of Individuals - Informal Sector

Registration of individuals belonging to the Informal Sector, payment of the premium contribution and issuance of their PhilHealth identification Cards (PIC)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All individuals belonging to the Informal Sector category			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form (PMRF) (original, 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
Payment of premium contribution		Not applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting documents and payment slip once the number is called.	1.1 Receive and screen duly accomplished PMRF with supporting documents 1.2 Evaluate the completeness of data in the PMRF 1.3 Encode/assign/update in the MCIS 1.4 Print the Member Data Record (MDR) and PhilHealth Identification Card (PIC) of the Client/Member 1.5 Endorse payment slip to the assigned payment processor and advise to proceed to the Payment Processor window and return after payment has been made	None	10 minutes per PMRF	Frontline Officer - LHIO
2. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt	2.1 Encode payment slip and assign number	300/month, 3600/ annum (no. of months to be paid depends on the assessment of the payment processor)	5 minutes	Payment Processor - LHIO
	2.3 Advise member to proceed to Cashier's Window once the number is called 2.4 Receive payment from client, print Official Receipt (OR) and issue OR		5 minutes	Collecting Officer - LHIO
3. Proceed to Frontline Officer and receive PIC and MDR		None	5 minutes	Frontline Officer - LHIO
TOTAL:		25 minutes		

9. Enrollment of Individuals - Foreign Nationals

Registration of Foreign Nationals, payment of the premium contribution and issuance of their PhilHealth identification Cards (PIC) and Member Data Record (MDR)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	All Foreign Nationals willing and qualified to become a member of the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form (PMRF) (original, 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
Alien Certificate Registration (ACR) this should be Alien Certificate of Registration Identity Card (ACR I-Card), (clear photocopy, 1 copy), or		Department of Foreign Affairs (DFA)		
PRA Identification Card or Special Resident Retiree's Visa (SRRV) (clear photocopy, 1 copy)		Philippine Retirement Authority		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF, PRA Identification Card or Special Resident Retiree's Visa (SRRV) , Alien Certificate of Registration Identity Card (ACR I-Card) and supporting documents after the number is called	1.1 Receive and screens duly accomplished PMRF and verify authenticity of supporting documents.	None	10 minutes per PMRF	Frontline Officer - LHIO
	1.2 Evaluate the completeness of data in the PMRF			
	1.3 Encode/assign/update member's data in the MCIS			
	1.4 Advise Client /Member to pay to the Cashier and return after the payment has been made and submit copy of Official Receipt (OR)			
	1.5 Print Member Data Record (MDR) and PhilHealth Identification Card (PIC) of the Client/Member			
2. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt	2.1 Encode payment slip and assign number	3% of the declared income	5 minutes	Payment Processor - LHIO
	2.2 Advise member to proceed to Cashier's Window once the number is called		5 minutes	Collecting Officer - LHIO
	2.3 Receive payment from client, print Official Receipt (OR) and issue OR			
3. Proceed to Frontline Officer and receive PIC and MDR	3.1 Release PIC and MDR to the Client/Member	None	5 minutes	Frontline Officer - LHIO
TOTAL:		None	25 minutes	

10. Enrollment of Individuals - Landbased Migrant Workers

Registration of individuals belonging to the Migrant Worker category, payment of the premium contribution and issuance of their PhilHealth identification Cards (PIC) and Member Data Record (MDR)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All individuals belonging to the Landbased Migrant Worker category			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Membership Registration Form (PMRF) (original, 2 copies)		downloadable at www.philhealth.gov.ph , LHIO		
Contract (photocopy, 1 copy)		Not applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting documents and payment slip once the number is called.	1.1 Receive and screen duly accomplished PMRF with supporting documents and payment slip	None	10 minutes per PMRF	Frontline Officer - LHIO
	1.2 Encode/assign/update member's data			
	1.3 Endorse payment slip to the assigned Payment Processor/ Collecting Officer and advise client to proceed to the Payment Processor window and return after payment has been made			
2. Proceed to the Payment Processor desk and receive priority number	2.1 Encode payment slip and assign number		5 minutes	Payment Processor - LHIO
	2.2 Advise member to proceed to Cashier's Window once the number is called			
3. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt	3.1 Receive payment, issue OR and advise client/ member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) / Member Data Record (MDR)	3% of the monthly income, subject to ceiling	5 minutes	Collecting Officer - LHIO
4. Receive PIC and MDR	4.1 Print and release MDR and PIC	None	5 minutes	Frontline Officer - LHIO
TOTAL:		None	25 minutes	

11. Declaration of Dependents

Editing of data records in the membership database for the purpose of declaring dependents during initial registration, declaring additional dependents not previously declared, transferring legal and qualified dependents from another PhilHealth member who becomes inactive.

Office/Division:	Local Health Insurance Office	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	All existing PhilHealth members and all individuals who wants to declare legal and qualified dependents during initial registration	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
PhilHealth Membership Registration Form (PMRF) (original, 2 copies)		downloadable at www.philhealth.gov.ph , LHIO
None (during initial registration except when the surname of the declarant member and the dependent spouse, child or parent is different from the surname of the member)		Not applicable
Supporting documents for declaration of additional dependents or correction of previously existing member data records (clear photocopy of the following documents, 1 copy)		
DEPENDENT SPOUSE		
(a) Spouse	Marriage certificate/Contract with registry number	Philippine Statistics Authority (PSA)
	For marriage which took place abroad, marriage certificate stamped "Received" by the Philippine Embassy or consular office exercising jurisdiction over the place of marriage	Philippine Embassy Consular Office in the country where the marriage took place
(b) Muslim Spouse	· Affidavit of Marriage issued by the Office of Muslim Affairs (OMA), which passed through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO)	Office of Muslim Affairs Philippine Statistics Authority
DEPENDENT CHILD		
(a) Legitimate or illegitimate children below 21 years old		Philippine Statistics Authority (PSA)
· Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent		
· For births which took place abroad, Birth Certificate Stamped "received" by the Philippine embassy or Consular office exercising jurisdiction over the place of birth		Philippine Embassy Consular Office in the country where the child was born
(b) Adopted children below 21 years old		Trial court who heard the adoption proceedings
· Court Decree/Resolution of Adoption or Birth Certificate of the adopted child/ren in which adoption is annotated thereto		Philippine Statistics Authority (PSA)

(c) Stepchildren below 21 years old		Philippine Statistics Authority (PSA)		
· Marriage Certificate (with registry number) between biological parents and step father/stepmother and Birth Certificate/s (with registry number) of the stepchildren				
(d) Mentally or physically disabled children who are 21 years old and above		Philippine Statistics Authority (PSA)		
· Birth Certificate and original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability		Any licensed physician in the Philippines		
(e) Foster Child		Department of Social Welfare and Development Offices		
· Foster Placement Authority from DSWD				
DEPENDENT PARENT				
(a) Parent/s 60 years old and above		Philippine Statistics Authority (PSA)		
· Birth Certificate with registry number of both registrant and parent (in the absence of Birth Certificate of parent, any proof attesting to the date of birth of parent/s)				
(b) Step parents 60 years old and above		Philippine Statistics Authority (PSA)		
· Marriage Certificate/Contract with registry number between biological parent of the member-child and the stepparent;				
· Birth Certificate of the stepparent (in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth);		Philippine Statistics Authority (PSA) Any licensed Notary Public		
· Birth Certificate of the member-child indicating the name of his/her biological parent; and		Philippine Statistics Authority (PSA)		
· Death Certificate of member’s deceased biological parent		Philippine Statistics Authority (PSA)		
(c) Adoptive parents 60 years old and above		Trial court who heard the adoption proceedings		
· Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and				
· Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of 2 disinterested persons attesting to the date of birth		Philippine Statistics Authority (PSA) Any licensed Notary Public		
(d) Parents with permanent disability totally dependent with member		Any licensed physician in the Philippines		
· Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PMRF and supporting documents	1.1 Receive and screen duly accomplished PMRF with supporting documents	None	10 minutes per PMRF	Frontline Officer - LHIO
	1.2 Update member’s data			
2. Receive updated MDR	2.1 Print and release Member Data Record (MDR)			
TOTAL:		None	10 minutes per PMRF	

12. Updating of Membership Records

Editing of membership records of the Member and/or the Employer in PhilHealth membership database for the purpose of updating and/or correcting previously existing information/data

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All PhilHealth members and Employers with existing records in the membership database			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
PhilHealth Membership Registration Form (PMRF) (original, 2 copies)			downloadable at www.philhealth.gov.ph , LHIO	
Supporting documents for declaration of additional dependents in case of existing employees and/or for correction of previously existing member data records (clear photocopy, 1)			Philippine Statistics Authority	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PhilHealth Member Registration Form (PMRF)/ER3 and supporting documents once number is called	1.1 Receive and screen duly accomplished PMRF and/or ER3 and the supporting documents	None	15 minutes per MDR/EDR	Frontline Officer - LHIO
	1.2 Update membership records			
	1.3 Print amended Member and/or Employer Data Record (MDR/EDR) and PhilHealth Identification Card (PIC) - if applicable			
	1.4 Release amended MDR/PIC (if applicable) to the member or Employer Data Record (EDR) to the Employer			
2. Receive updated MDR/PIC and/or EDR				
TOTAL:		None	15 minutes x no. of MDR/EDR	

13.a Request for Records (Client is the owner of the requested record)

Request of Stakeholders for PhilHealth records

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All stakeholders subject to compliance of the applicable and existing laws, rules and regulations on releasing of records.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip for ID and/or MDR, Request letter for other type of documents		Request Slip - Public Assistance Desk, LHIO Request Letter - (Not applicable)		
Any valid Identification Card of the client		Government Institutions, Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request for documents form(with supporting documents if applicable) to the frontline officer once number is called	1.1 Receive properly filled-out request form with supporting documents	None	15 minutes per requested document	Frontline Officer - LHIO
	1.2 Process request of the client			
	1.3 Release requested documents and require client to acknowledge receipt of documents			
2. Receive and acknowledge receipt of the requested document				
TOTAL:		None	15 minutes x the no. of requested documents	

13.b Request for Records (Client is the owner of the requested record)

Request of Stakeholders for PhilHealth records

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All stakeholders subject to compliance of the applicable and existing laws, rules and regulations on releasing of records.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip for ID and/or MDR, Request letter for other type of documents		Request Slip - Public Assistance Desk, LHIO Request Letter - (Not applicable)		
Any valid Identification Card of the client		Government Institutions, Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request for documents form(with supporting documents if applicable) to the frontline officer once number is called	1.1 Receive properly filled-out request form with supporting documents	None	5 minutes	Frontline Officer - LHIO
	1.2 Inform client of the reason/s why the requested document cannot be released immediately and advise him/her of the timeline when the document is to be picked-up or delivered		within 7 days for complex transactions within 20 days for highly technical transactions	
2. Request for a receiving copy with indicated agreed picked-up or delivery date				
TOTAL:		None	within 7 days for complex transactions within 20 days for highly technical transactions	

14. Request for Records (Requested through a representative)

Request of Stakeholders for PhilHealth records

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All stakeholders subject to compliance of the applicable and existing laws, rules and regulations on releasing of records.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip for ID and/or MDR		Public Assistance Desk - LHIO		
Request letter for other type of documents (original, 1 pc)		Not applicable		
Authorization Letter from the member (1 original copy)		Not applicable		
Any valid Identification Card of the client and of the requesting party		Government Institutions, Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request for documents form(with supporting documents if applicable) to the frontline officer once number is called	1.1 Receive properly filled-out request form with supporting documents	None	15 minutes per requested document	Frontline Officer - LHIO
	1.2 Process request of the client			
	1.3 Release requested documents and require client to acknowledge receipt of documents			
2. Receive and acknowledge receipt of the requested document				
TOTAL:		None	15 minutes x the no. of requested documents	

14.b Request for Records (Requested through a representative)

Request of Stakeholders for PhilHealth records

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All stakeholders subject to compliance of the applicable and existing laws, rules and regulations on releasing of records.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip for ID and/or MDR, Request letter for other type of documents		Request Slip - Public Assistance Desk, LHIO Request Letter - (Not applicable)		
Authorization Letter from the member (original, 1 pc)		Not applicable		
Any valid Identification Card of the client and of the requesting member		Government Institutions, Current Employer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request for documents form(with supporting documents if applicable) to the frontline officer once number is called	1.1 Receive properly filled-out request form with supporting documents	None	5 minutes	Frontline Officer - LHIO
	1.2 Inform client of the reason/s why the requested document cannot be released immediately and advise him/her of the timeline when the document is to be picked-up or delivered		within 7 days for complex transactions within 20 days for highly technical transactions	
2. Request for a receiving copy with indicated agreed picked-up or delivery date				
TOTAL:		None	within 7 days for complex transactions within 20 days for highly technical transactions	

15. Registration of Employers

Encoding of Employer Data in the Membership database, generation of PEN, as applicable, issuance of Employer Data Record and Certificate of Registration.

Office/Division:	Local Health Insurance Office	
Classification:	Simple	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	All employers whether government or private institutions	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Employer Data Record (ER1) (original, 2 copies)		
No additional documentary requirement for government employers		Not applicable
For Private Employers	MANUAL REGISTRATION	
	A. Direct to PhilHealth (Non-PBR)	
	Business permit / license to operate and/or any of the following:	Barangay Hall / City Hall
	Department of Trade and Industry (DTI) Registration (Single proprietorship)	Department of Trade and Industry
	Securities and Exchange Commission (SEC) Registration (Partnerships, Corporations, Foundations, & Non-Profit Organizations)	Securities and Exchange Commission
	Cooperative Development Authority (CDA) Registration (Cooperatives)	Cooperative Development Authority
	Barangay Certification and/or Mayor's Permit (Backyard Industries/Ventures and Micro-Business Enterprises)	Barangay Hall / City Hall
	ELECTRONIC REGISTRATION	
	A. Registration through the Securities and Exchange Commission – Integrated Business Registration System (SEC-IBRS)	Not applicable, c/o Securities and Exchange Commission
	No documentary Requirement	

	B. Registration through the Philippine Business Registry (PBR) No documentary requirement	Not applicable, c/o Department of Trade and Industry		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished Employer Data Record (ER1 Form) and supporting documents (e.g., Unified Registration Record (URR) issued by the Securities and Exchange Commission (SEC) or Info Sheet issued by DTI containing their SEC or DTI Registration Certificate Number, PEN, TIN, and employer numbers issued by SSS and Pag-IBIG Fund; ; or business permit for those who have not passed thru the SEC-IBRS or PBR) once the number is called	1.1 Receive and screen duly accomplished ER1 Form together with supporting documents(e.g., URR or Info Sheet; or business permit) 1.2 Search in MCIS the issued PEN found in the URR or Info Sheet; or Encode to MCIS (applicants which have not passed thru the SEC-IBRS or PBR) 1.3 Print the Employer Data Record and Certificate of Registration 1.4 Release the Employer Data Record and Certificate of Registration	None	15 minutes per ER1	Frontline Officer - LHIO
2. Receive the Employer Data Record and Certificate of Registration				
TOTAL:		None	15 minutes x the number of ER1	

16. Registration of Household Employers

Encoding of Household Employer Data in the Membership database, generation of PEN, as applicable, issuance of Employer Data Record and Certificate of Registration.

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All household employers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Household Employer Registration Form (HEUR1), or		downloadable in philhealth.gov.ph		
Kasambahay Unified Registration Form (KUR) (1 original coy)		downloadable in philhealth.gov.ph		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished Household Employer Unified Registration (HEUR1) form and supporting documents to the frontline staff	1.1 Receive and screen duly accomplished HEUR1 and supporting documents	None	15 minutes per HEUR1	Frontline Officer - LHIO
	1.2 Process HEUR1 in the KURS 1.2.a. Encode in the KURS' Household employer module. 1.2.b. Print and sign the processed HEUR1 in 3 copies. 1.2.c. Require the client to sign also the said 3 copies.			
2. Sign the processed HEUR1 and hand them back to the front line officer	2.1. Hand-over one (1) duly-signed copies of the processed HEUR1 to the client, and KEEP the two (2) other originally-signed copies for endorsement to SSS and for PhilHealth record.			
	2.2 Print the Employer Data Record (EDR).			
	2.3 Release the Employer Data Record and COR to household employer/representative			
3. Receive the EDR and copy of processed HEUR1 with applicant's signature.				
TOTAL:		None	15 minutes x the number of HEUR1	

17. Collection of Premium Contribution (Formal economy, Informal economy and Landbased Migrant Workers)

Collection of Premium Contribution from Formal and Informal Economy and Landbased Migrant Workers and issuance of official receipts

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All direct contributors belonging to the Formal and Informal economy, and Landbased Migrant Worker category			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Premium Payment Slip (PPPS) (original, 1 copy)		Cashier's window - LHIO		
FORMAL ECONOMY				
Employed Segment				
For EPRS Users with 10 and below employees:	EPRS generatd Statement of Premium Account (SPA)	Not applicable		
For non-EPRS Users located in GIDAS or in Areas where there are ACAs but no available Internet Service Provider (ISP)	PPPS	Cashier's window - LHIO		
Kasambahays	PPPS	Cashier's window - LHIO		
INFORMAL ECONOMY				
Informal Sector - formerly known as Individually Paying Members	PPPS	Cashier's window - LHIO		
i-Group	Billing statement SPA	Collection Section - PhilHealth Regional Office/Branch Not applicable		
Migrant Workers	Clear copy of contract for basis of income	Not applicable		
Foreign Nationals	PPPS	Cashier's window - LHIO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished PhilHealth Premium Payment Slip to Cashier's window and tender payment once priority number is called	1.1 Receive payment slip and encode payment	Refer to appropriate schedule of premium contributions	10 minutes per transaction	Collecting Officer - LHIO
	1.2 Receive money from the Client/Member and print Official Receipt(OR)			
	1.3 Release/ Issue PhilHealth Official Receipt			
2. Receive PhilHealth Official Receipt				
TOTAL:		10 minutes x the number of transactions		

18. Submission of Remittance Report (RF1) for employers in Geographically Isolated and Depressed Areas (GIDA) only

Receiving of remittance report from the employers in GIDA areas only.

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All employers who are non Electronic Premium Remittance System (EPRS) users and located in Geographically Isolated and Depressed Areas only.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Premium Payment Slip (PPPS) (original, 1 copy)		Cashier's window - LHIO		
Employer Remittance Report (RF1)		downloadable in www.philhealth.gov.ph , LHIO		
USB Flash Drive containing the report		Not applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit employer remittance report (RF-1) and flash drive to the frontline officer once number is called	1.1 Receive and screen remittance report/flash drive (as to number and/or data stored in the diskette/flash drive).	None	30 minutes per transaction	Frontline Officer - LHIO
	1.2 Stamp "received" on the remittance report			
	1.3 Return received copy of remittance report/flash drive to client.			
2. Receive copy of acknowledged remittance report				
TOTAL:		None	30 minutes x no. of transactions	

19. Receiving of directly filed claims

Receiving of claims directly filed by the members or their representative because they were not able to avail of the automatic benefit deduction at the facility

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	All PhilHealth members who were not able to avail of the automatic benefit deduction during confinement			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Acknowledgement Receipt Form		LHIO		
PhilHealth Claim Form 1, 2, 3, & 4 and Claims Signature Form (CF1, CF2, CF3, CF4, CSF) as applicable, depending on the nature of the claims (original)		downloadable at www.philhealth.gov.ph, LHIO		
Hospital and doctor’s waiver and official receipts of full payment (original)		Facility where the patient is manage		
Original official receipts or photocopies of the same authenticated by PHIC staff (with original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement “The authenticated photocopies is applicable in cases where original ORs are required by and submitted to HMOs		For medicines: Pharmacy where it is bought For laboratory test: Facility where it is done		
Anesthesia, Surgical or Operative Record (if surgery was performed)(photocopy)		Facility where the patient is manage		
Hospital Statement of Account duly signed by the hospital clerk or representative of the patient (photocopy)				
Printed PhilHealth Benefit Eligibility Form (PBEF) (for facilities with portal) (original)				
If confined abroad, Medical Certificate or Clinical Abstract indicating final diagnosis of patient, confinement period and services rendered written in English (photocopy)				
Additional requirements for confinements in non-accredited health care institutions: 1) Health Care Institutions DOH License and 2) Clinical Abstract of CF3 indicating case was emergency and justification for impossibility of transferring patient to accredited health care institution (photocopy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished acknowledgement receipt form and PhilHealth claims with supporting documents to the frontline officer once priority number is called	1.1 Receive and screen claims as to completeness of documentary requirements (non-medical).	None	10 minutes per claim	Frontline Officer - LHIO
	1.2 Stamp “received” the acknowledgement receipt form and return copy to client/member or return acknowledgement receipt and PhilHealth claim if with deficiency for client/member’s compliance			
2. Receive acknowledgement receipt or claim with deficiency	1.3 Advise Client/Member to expect notice/Benefit Payment Notice (BPN) (within the 60-day period) or to comply with the required/deficient documents/information.			
TOTAL:		None	10 minutes per claim x the no. of claims	

20. Receiving of application for accreditation by Health Care Institutions

Receiving of application for accreditation filed by Health Care Institutions (HCPs) in the Philippines

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	All Health Care Institutions willing and qualified to participate in the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application for Accreditation (Original)		Applicant/Concerned Health Care Institution		
Other supporting documents for application for accreditation (Original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished application forms for accreditation and supporting documents together with the properly-filled -out payment slip once priority number is called	1.1 Receive Provider Data Record (PDR), other accreditation documentary requirements and payment slip (order of payment)	None	15 minutes	Frontline Officer - LHIO
	1.2 Screen application and other documentary requirements as to completeness of requirements			
	1.3 Write down the HCI data in the receiving logbook			
2. If the application is <u>not complete</u> , get the receiving copy of the application, receive deficiency letter and explanation on the content of the letter and sign under “disposition” column in the receiving logbook	2.1 If the application is <u>not complete</u> , return the application to the HCI, furnish a Deficiency Letter, explain the content of the deficiency letter and ask HCI representative to sign under “disposition” column in the receiving logbook			
	2.2 If the application is <u>complete</u> , stamp complete the file copy and the receiving copy (PDR and the 1st page of the other requirements)			
	2.3 Endorse payment slip (order of payment) to client and advice to proceed to the Payment Processor window and return after payment has been made.			
3. Proceed to Cashier for payment	3.1 Receive payment for accreditation of the HCI, print and release Official Receipt	Based on applicable charges	5 minutes	Collecting Officer - LHIO
4. Proceed to frontline service counter and get receiving copy of the PDR and other requirements.	4.1 Release the receiving copy of the PDR and other requirements to the HCI representative	None	10 minutes	Frontline Officer - LHIO
	4.2 If LHIO has an Integrated PhilHealth Accreditation System (iPAS) , they will encode the following HCI data in the receiving module of IPAS:			

4.2.a.	Name of HCI			
4.2.b.	Address			
4.2.c.	Date of submission			
4.2.d.	OR number			
4.2.e.	Amount of payment			
4.2.f.	Date of Payment			
4.2.g.	Manner of submission			
4.2.h.	Documents submitted			
TOTAL:		None	30 minutes	

21. Receiving of application for accreditation by Health Care Professionals

Receiving of application for accreditation filed by Health Care Professionals (HCPs) in the Philippines

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	All Health Care Professionals willing and qualified to participate in the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application for Accreditation (Original)		Applicant/Concerned Health Care Professionals		
Other supporting documents for application for accreditation (Original)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished application form for accreditation and supporting documents to the frontline officer once the number is called	1.1 Receive application for accreditation, and other supporting documents	None	30 minutes	Frontline Officer - LHIO
	1.2 Screen as to completeness of requirements			
	1.3 Write down the Health Care Professional data in the receiving logbook			
2. If the application is <u>not complete</u> , get the application and all other requirements, receive the deficiency letter and sign under “disposition” column in the receiving logbook	2.1 If the application is <u>not complete</u> , return the application to the HCI, furnish Deficiency Letter, explain content of deficiency letter and ask HCI representative to sign under “disposition” column in the receiving logbook			
3. If the application is <u>complete</u> , get the receiving copy of all the requirements and receipt of payment.	3.1 If the application is <u>complete</u> , stamp complete the file copy and receiving copy of the application and the 1st page of the other requirements.			
	3.2 Release receiving copy of the application to the HCI applicant			
	3.3 If LHIO has iPAS, encode the following HCI data in the receiving module of IPAS			
	3.3.a. Name of HC Professional			
	3.3.b. Address			
	3.3.c. Date of submission			
	3.3.d. Manner of submission			
	3.3.e. Documents submitted			
TOTAL:		None	30 minutes	

22. Check Releasing (Member)				
Releasing of benefit payment check to members				
Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	All stakeholders			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Valid IDs (1 photocopy)			Claimant	
Authorization Letter (if if representative) (original 1 copy)			Claimant	
Official Receipt (for Health Care Institutions and other Establishments)(original 1 copy)			Claimant	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid IDs (present authorization letter if warranted) once number is called at the Check Releasing Counter/Cashier's window	1.1 Verify if claim check is available, if not, advice client/member of status of the check (if not yet available, etc.)	None	15 minutes	Frontline Officer at the Check Releasing Counter/ Cashier's Window - LHIO
	1.2 Validate IDs presented if check is available and release to client/member.			
	1.3 Require member to acknowledge receipt of the check by signing the logbook.			
2. Acknowledge receipt of check.				
TOTAL:		None	15 minutes	

23. Check Releasing (picked-up by stakeholders)

Releasing of check to the stakeholders

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	All stakeholders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Valid IDs (1 photocopy)		Claimant		
Authorization Letter (if if representative) (original 1 copy)		Claimant		
Official Receipt (for Health Care Institutions and other Establishments)(original 1 copy)		Claimant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid company IDs once priority number is called at the Check Releasing Counter/ Cashier's window	1.1 Receive and validate company ID 1.2 Verify if check is available, if not, advice client of status of the check, if check is available release check to client.	None	30 minutes	Frontline Officer at the Check Releasing Counter/ Cashier's Window - LHIO
2. Countercheck/validate cheques received then acknowledge receipt of check, affix signature in the logbook and disbursement voucher	2.1 Require client to acknowledge receipt of the check by signing the logbook and disbursement voucher.			
3. Acknowledge receipt of check and issue official receipt	3.1 Receive the official receipt and file			
TOTAL:		None	30 minutes	

24. Request for Other Services

Processing of request for Other Services which includes; (Replacement of Check, Adjustment of Benefit Payment, Adjustment of Premium Contribution, Filing of complaints)

Office/Division:	Local Health Insurance Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	All stakeholders of the National Health Insurance Program			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
Filled-out Request Form			LHIO	
Request letter from the stakeholder			Not applicable	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished request forms and supporting documents (if applicable) once priority number is called	1.1 Receive request form/applicable forms	None	within 7 days from the receipt of the request	LHIO personnel or PRO personnel (varies depending on the nature of the request)
	1.2 Check/Evaluate documents received.			
	1.3 Provide feedback on requested service; advise member/stakeholder appropriately			
	1.4 Ask member/stakeholder to affix signature in logbook to acknowledge filing of request			
2. Request for a receiving copy of the request and asked for the definite timeline when the request is expected to be acted upon by the concerned office				
TOTAL:		None	7 days	

1. Member Registration and Issuance of Member Data Record and PhilHealth Identification Card

Frontline Service such as registration for new members, updating of member's accounts and generation of IDs and MDRs

Office:	PhilHealth Regional Offices - PhilHealth Expresses			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	Corporate Accounting Section			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal Member				
PhilHealth Member Registration Form (PMRF) (1 original copy)		Philhealth Counter		
Birth Certificate (1 photocopy) or 2 Valid IDs (1 photocopy of each ID)				
Barangay Certificate for First Time Job Seekers		concerned Barangay		
Declared Dependent/s of Principal Member				
PhilHealth Member Registration Form (PMRF) (1 original copy)		Philhealth Counter		
Birth Certificate of child (1 photocopy)				
Marriage Contract (1 photocopy) for dependent spouse				
Senior Citizen				
PhilHealth Member Registration Form (PMRF) (1 original copy)		Philhealth Counter		
OSCA - Senior Citizen ID or 2 Valid IDs with birthdate or Birth Certificate (1 photocopy)				
Representative				
Authorization Letter from Member (1 original copy)				
Valid ID of Member (1 photocopy)				
Valid ID of Representative (1 photocopy)				

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Membership Registration				
1. Fill up the PhilHealth Member Registration Form (PMRF)	1.1 Give queuing number and PMRF to client	None	5 minutes	Philhealth Frontliner assigned at Philhealth Express
2. Submit the filled-up PMRF and the supporting documents to the Frontline Counter when number is called	2.1 Receive the documents and check its completeness	None		
3. Wait for the frontliner while processing the request	3.1 Start processing the request	None		
4. Check the details of the information in the ID or Member Data Record (MDR)	4.1 Hand over the requested ID or MDR to client	None		
Request for ID/Member Data Record				
1. Fill-up Request Form	1.1 Give queuing number and the Request Form to client	None	5 minutes	Philhealth Frontliner assigned at Philhealth Express
2. Submit the filled-up Request Form and supporting documents to the Frontline Counter when number is called	2.1 Receive the documents and check its completeness	None		
3. Wait for the frontliner while processing the request	3.1 Start processing the request	None		
4. Check the details of the information in the ID or MDR	4.1 Hand over the requested ID or MDR to client	None		
TOTAL:		None	5 minutes	

1. Member Registration and Issuance of Member Data Record and PhilHealth Identification Card

To facilitate the enrolment or renewal of membership coverage of members under the Overseas Workers Program (OWP)

Member Data Record (MDR) - a computer print-out issued to a member as reference of his/her personal information as recorded in the Membership Database.

PhilHealth Identification Number - is the PhilHealth Identification Card containing the PIN issued by the Corporation to the Members

Office:	POEA-OFP Operations Satellite Office	
Classification:	Simple	
Type of Transaction:	G2C - Government to Citizen	
Who May Avail:	Overseas Filipino Workers and Migrant, Beneficiaries of Legal age able to read and write and not suffering from any legal disability	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Migrant Workers (Land-based)		PhilHealth Office
- Properly accomplished PMRF		
Attach any of the following as proof of being an active OFW:		
- Valid Overseas Employment Certificate (OEC) or E-receipt of current year or is valid for one (1) year from date of transaction; or		Phipilline Overseas Officemplment Agency (POEA)
- Working Visa/Re-entry Permit; or		Employer of the host country
- Valid Job Employment Contract; or		Employer
- Certificate of Employment for applicable period from Employer abroad; or		
- Valid Company ID issued by Employer abroad; or		Employer of the host country
- Cash Remittance receipt from member abroad atleast 2 months prior to the date of renewal/payment; or		
- Valid workers' Identification (ID) Card issued by the host country (i.e. Hongkong ID, Iqama of Saudi, Permessod' Soggiorno and Cartad'Identita of Italy); or		Embassy, Consulate Office of the host country
- Any other equivalent document that will prove that the member is an active OFW.		
2. Dependent		
Spouse		
- Marriage Certificate/Contract with registry number		Philippine Statistics Authority (PSA)

- For marriage which took place abroad, marriage certificate stamped "Received" by the Philippine Embassy or consular office exercising jurisdiction over the place of marriage		Embassy, Consulate Office of the host country
Muslim Spouse		
- Affidavit of Marriage issued by the Office of Muslim Affairs (OMA), which passed through the Shari'a Courtland must be registered/authenticated in the Philippine Statistics Authority (PSA)		Philippine Statistics Authority (PSA)
Legitimate or illegitimate children below 21 years old		
- Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent		Philippine Statistics Authority (PSA)
- For births which took place abroad, Birth Certificate Stamped "Received" by the Philippine Embassy or Consular office exercising jurisdiction over the place of birth		Embassy, Consulate Office of the host country
Adopted children below 21 years old		
- Court Decree/Resolution of Adoption or Birth Certificate of the adopted child/ren in which adoption is annotated thereto		Department of Social Welfare and Development (DSWD)
Parents with permanent disability totally dependent with member		
- Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability		
3. Foreign Nationals		
- Properly accomplished PMRF		
- Valid Alien Certificate Registration (ACR) I-Card issued by the Bureau of Immigration		Bureau of Immigration
4. PRA Foreign Retirees		
- Properly accomplished PMRF		Bureau of Immigration
- Valid SRRV or PRA issued ID Card		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceed to PhilHealth Information Desk for temperature check and fill-out of Covid exposure disclosure form, PhilHealth Membership Registration Form (PMRF) and PhilHealth Premium Payment Slip (PPPS)	FOR MEMBERSHIP ADMENDMENT/UPDATING 1. Receive and review the accomplished PMRF and attach documentary requirements 2 Promptly and correctly encode the information on the PMRF into the PhilHealth database 3. Generate Member Data Record and PhilHealth ID	None	5 minutes	Frontliner POEA-OFP Operations Satellite Office
2. Submit the properly accomplished PMRF with attach documentary requirements to counter for initial assessment and verification				
3. Pay the required fee to Cashier counter (Make sure to secure Official Receipt that will be issued upon payment)				
4. Return to counter for issuance of Member Data Record (MDR)				
	MIGRANT WORKER 1. Receive and review the accomplished PMRF and attach documentary requirements 2 Promptly and correctly encode the information on the PMRF into the PhilHealth database 3. Generate Member Data Record and PhilHealth ID 4. Generate Statement of Initial Payment (if client avail Initial payment) and proceed to Cashier for payment	The premium of Overseas Filipinos shall be computed based on their monthly basic income	5 minutes	Frontliner / Cashier POEA-OFP Operations Satellite Office

	FOREIGN NATIONALS	None	5 minutes	Frontliner / Cashier POEA-OFP Operations Satellite Office
	1. Receive and review the accomplished PMRF and attach documentary requirements 2 Promptly and correctly encode the information on the PMRF into the PhilHealth database 3. Generate Member Data Record and PhilHealth ID	Seventeen Thousand Pesos (17,000) for Annual Premium Contribution Rate		
	PRA FOREIGN RETIREES	None	5 minutes	Frontliner / Cashier POEA-OFP Operations Satellite Office
	1. Receive and review the accomplished PMRF and attach documentary requirements 2 Promptly and correctly encode the information on the PMRF into the PhilHealth database 3. Generate Member Data	Fifteen Thousand Pesos (15,000) for Annual Premium Contribution Rate		
TOTAL:			20 Minutes	

1. Manage Release of Funds through Interim Reimbursement Mechanism (IRM)

A special provision of substantial aid to eligible Health Care Institution directly hit by fortuitous event with clear and apparent intent to continuously operate and/or rebuild the Health Care Institution in order to provide continuous health care services to adversely affected Filipinos.

Office/Division:	Office of the Area Vice-President/Office of the Regional Vice-President - Health Care Delivery Management Division (HCDMD)/Field Operations Division (FOD)/Management Services Division (MSD)			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who May Avail:	Eligible Health Care Institutions (HCIs)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of Intent (1 original copy)		Health Care Institutions		
Memorandum of Agreement (fully accomplished 6 original copies)		Health Care Institutions		
Official Receipt once IRM Fund payment is received (1 original copy)		Health Care Institutions		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Eligible Health Care Institution to prepare Letter of Intent and secure proforma MOA	1.1 Facilitate the application of HCIs to the IRM Fund	None	20 days	HCDMD Staff/Local Health Insurance Office Staff/Eligible Health Care Institution
	1.2 Check eligibility of applicant requesting for IRM funds			HCDMD Staff/Local Health Insurance Office Staff
	1.3 Facilitate the proper accomplishment of Letter of Intent/Request (LOI/R) and Contract/MOA with the eligible HCIs.			HCDMD Staff/Local Health Insurance Office Staff/Eligible Health Care Institution
2. Submit Letter of Intent/Request to the nearest Local Health Insurance Office (LHIO)	2.1 Check for completeness of signature of the Memorandum of Agreement on the Health Care Institution side.			Local Health Insurance Office Receiving Clerk
	2.2 Endorse the Letter of Intent/Request to the PhilHealth Regional Office - Health Care Delivery Management Division			Local Health Insurance Office Head/Staff
	2.3 If approved, the Regional Vice-President signs the MOA and memorandum of recommendation addressed to the Area Vice-President and the President and Chief Executive Officer			Regional Vice-President/HCDMD Staff

	2.4 Transmit to the Central Office via official email of the Area Vice-President concerned copy furnished the Fund management Sector and the Office of the President and Chief Executive Officer			PRO Office of the Regional Vice-President
	2.5 Process IRM Fund application at the Central Office			Office of the Area Vice-President/Office of the Health Finance Management Sector/ Fund Management Sector/Office of the Chief Operating Officer
	If approved, the President and Chief Executive Officer signs the MOA			President and Chief Executive Officer
3. Receive payment and issue corresponding Official Receipt and copy of approved MOA	3.1 Notify the Health Care Institution of the approval.			Office of the Area Vice-President/ PhilHealth Regional Offices concerned
	3.2 Notify the Health Care Institution of the crediting of payment from PhilHealth through the Auto-Credit Payment Notice			PhilHealth Regional Office concerned
	3.3 Monitoring of compliance of health care institution's submission of official receipts in acknowledgement of payment received from PhilHealth for benefit claims expense			PhilHealth Regional Office concerned
Total:		None	20 days	

EXTERNAL SERVICES

CORPORATE AFFAIRS GROUP

1. Handling of Simple Client Queries and Feedback thru Calls

Simple queries or feedback from external clients via hotline (02) 8-441-7442.

Office:		Corporate Action Center (CAC)			
Classification:		Simple			
Type of Transaction:		G2C- Government to Citizen			
Who may avail:		All external clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE		
None			Corporate Action Center channel: hotline (02) 8-441-7442		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Call hotline (02) 8-441-7442	1. Respond with standard opening spiel	None	8 minutes	Call, SMS, FB agent	
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes				
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.				
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)				
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information				
5. Receive response	6. Provide response to the query or feedback including other relevant information using spiels				
None	7. Provide contact details and transaction reference number for follow-up				
None	8. Encode transaction in CSMS/Tallysheet and close directly resolved transaction.				
TOTAL:		None	8 minutes		

2. Handling of Complex Client Queries and Feedback thru Calls

Complex Queries or feedback from external clients via hotline (02) 8-441-7442.

Office:		Corporate Action Center (CAC)		
Classification:		Complex		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channels: hotline (02) 8-441-7442	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call hotline (02) 8-441-7442	1. Respond with standard opening spiel	None	8 minutes	Call Channel agent
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Receive initial response	6. Provide initial response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
None	8. Encode transaction in CSMS/Tallysheet.			
	9. Escalate complex transaction to Team Leader for level 2 resolution of other office.			
None	10. Coordinate and endorse transaction to responsible office thru CSMS, and record in CAC Logsheet		2.9 working days	Call Channel Team Leader

5. Provide requested information	11. Request client for additional information/documents required for processing, if lacking Note: Includes at least 3 correct information validated against client’s database records for information security purposes, if applicable.		4 working days	Other office
	6. Receive services and/or final response	12. Provide services as may be related to the client’s concern, in accordance with existing corporate policies and procedures. Note: This may include appropriate redress for non-conforming services i.e. re-work, correction of errors, giving of apology to the client, correction of other affected processes or services.		
	13. Communicate final response to client Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.			
TOTAL:		None	7 Working Days	

Note: TAT of Activity 10 is 2.9 working days due to required coordination with other office and volume of escalated calls. As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

3. Handling of Technical Client Queries and Feedback thru Calls

Technical queries or feedback from external clients via hotline (02) 8-441-7442.

Office:		Corporate Action Center (CAC)		
Classification:		Highly Technical		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channels: hotline (02) 8-441-7442	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Call hotline (02) 8-441-7442	1. Respond with standard opening spiel	None	8 minutes	Call Channel Agent
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Receive initial response	6. Provide initial response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
None	8. Encode transaction in CSMS/Tallysheet.			
None	9. Escalate technical transaction to Team Leader for resolution of other office.			
None	10. Coordinate and endorse to responsible office thru CSMS, and record in CAC Logsheets		2.9 working days	Call Channel Team Leader

6. Provide requested information, if required	11. Request client for additional information/documents required for processing, if lacking Note: Includes at least 3 correct information validated against client’s database records for information security purposes, if applicable.		17 working days	Other office
7. Receive services and/or final response	12. Provide services as may be related to the client’s concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
	13. Communicate final response to client Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.			
TOTAL:		None	20 Working Days	

Note: TAT of Activity 10 is 2.9 working days due to required coordination with other office and volume of escalated calls. As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

4. Handling of Client Queries and Feedback thru Email (Level 1- for direct resolution)

Simple queries or feedback from external clients via actioncenter@philhealth.gov.ph.

Office:	Corporate Action Center (CAC)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All external clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channel: actioncenter@philhealth.gov.ph	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send simple email to actioncenter@philhealth.gov.ph	1. Sort and distribute 80 valid emails to agents	None	3 working days	CAC Team Leader
None	2. Read email and check available information for database look-up			CAC Agent
None	3. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
2. Receive final response	4. Respond to email using spiel based on available information. Note: Response may be as follows: - Final response (if information/document provided is sufficient to make a response) - Request for client to provide additional information/documents Contact information of CAC for follow-up is provided.			
None	5. Encode transaction in CSMS/Tallysheet and close directly resolved transaction.			
TOTAL:		None	3 Working Days	

Note: TAT of 3 days includes cycle time. It is based on current capacity to manage regular volume of emails, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

5. Handling of Client Queries and Feedback thru Email (Level 2- for endorsement to other office)

Complex queries or feedback from external clients received by Corporate Action Center via email (actioncenter@philhealth.gov.ph.). These transactions are for endorsement by CAC to another office for Level 2 resolution.

Office:		Corporate Action Center (CAC)		
Classification:		Complex		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channel: actioncenter@philhealth.gov.ph	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send email to actioncenter@philhealth.gov.ph	1. Sort and distribute 80 valid emails to agents	None	3 working days	CAC Team Leader
None	2. Read email and check available information for database look-up			CAC Agent
None	3. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
2. Receive acknowledgement and initial response	5. Respond with acknowledgement and initial response using spiel based on available information and database Contact information of CAC for follow-up are provided.			
None	5. Encode transaction in CSMS/Tallysheet.			
None	6. Escalate complex transaction to Team Leader for resolution of other office.			
None	7. Coordinate and endorse to responsible office thru CSMS, and record in CAC Logsheet			CAC Team Leader

3. Provide requested information	8. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.		4 working days	Other office
4. Receive services and/or final response	9. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
	10. Communicate final response to client Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.			
TOTAL:		None	7 working days	

Note: TAT of 3 days for endorsements includes cycle time. It is based on current capacity to manage regular volume of emails, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 7 working days may be applied for complex transactions, provided that, client is informed prior to deadline.

6. Handling of Client Queries and Feedback via Email

Queries or feedback from external clients received by Corporate Action Center via email (actioncenter@philhealth.gov.ph.). These transactions are for endorsement by CAC and for Level 2 resolution of another office involving provision of core services (i.e. membership, collection, claims, accreditation, etc) and/or review and management approval process.

Office:		Corporate Action Center (CAC)		
Classification:		Highly Technical		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channel: actioncenter@philhealth.gov.ph	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send email to actioncenter@philhealth.gov.ph	1. Sort and distribute 80 valid emails to agents	None	3 working days	CAC Team Leader
None	2. Read email and check available information for database look-up			CAC Agent
None	3. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
2. Receive acknowledgement and initial response	5. Respond with acknowledgement and initial response using spiel based on available information and database Contact information of CAC for follow-up are provided.			
None	5. Encode transaction in CSMS/Tallysheet.			
None	6. Escalate technical transaction to Team Leader for resolution of other office.			
None	7. Coordinate and endorse to responsible office thru CSMS, and record in CAC Logsheet			CAC Team Leader

3. Provide requested information	8. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.		8 working days	Other office
5. Receive services, if applicable	9. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
None	10. Prepare final response letter to client using spiel and based on available information. Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.		3 working days	
None	11. Review draft response letter		3 working days	
None	12. Revise draft response letter as necessary			
None	13. Sign final response			
6. Receive final response letter	14. Release response letter to client			
TOTAL:		None	20 working days	

Note: TAT of 3 days for endorsement of CAC includes cycle time. It is based on current capacity to manage regular volume of emails, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

7. Handling of Client Queries and Feedback via Social Media and SMS (Level 1- for direct resolution)

Simple queries or feedback from external clients via “PhilHealthofficial” Facebook page and textline 0917-898-7442.

Office:		Corporate Action Center (CAC)		
Classification:		Simple		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channels: “PhilHealthofficial” Facebook page Textline 0917-898-7442.	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to PhilHealth FB page, or textline 0917-898-7442.	1. Respond with standard opening spiel	None	3 working days	CAC Agent
2. Give consent on use of personal data in order to proceed with query	2. Message client to secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client’s concern as necessary and request for name and PIN and other required information.			
None	4. View client’s profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Receive final response	6. Provide response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
None	8. Provide closing spiel.			
None	9. Encode transaction in CSMS/Tallysheet and close directly resolved transaction.			
TOTAL:		None	3 working days	

Note: TAT of 3 days processing by CAC includes cycle time. It is based on current capacity to manage regular volume of emails, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

8. Handling of Client Queries and Feedback via Social Media and SMS (Level 2- for endorsement to other office)

Queries or feedback from external clients received by Corporate Action Center via “PhilHealthofficial” Facebook page and Textline 0917-898-7442. These transactions are for endorsement by CAC and for Level 2 resolution of another office involving provision of core services (i.e. membership, collection, claims, accreditation, etc) with review process.

Office:		Corporate Action Center (CAC)		
Classification:		Complex		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channels: “PhilHealthofficial” Facebook page Textline 0917-898-7442.	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to PhilHealth FB page, or textline 0917-898-7442.	1. Respond with standard opening spiel	None	3 working days	CAC Agent
2. Give consent on use of personal data in order to proceed with query	2. Message client to secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client’s concern as necessary and request for name and PIN and other required information.			
None	4. View client’s profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Receive acknowledgement and initial response	6. Provide acknowledgement and initial response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
	8. Provide closing spiel.			
None	9. Escalate complex transaction to Team Leader for resolution of other office.			
None	10. Coordinate and endorse to responsible office thru CSMS, and record in CAC Logsheet			CAC Team Leader

5. Provide requested information	11. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client’s database records for information security purposes, if applicable.		4 working days	Other office
6. Receive services and/or final response	12. Provide services as may be related to the client’s concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
	13. Communicate final response to client Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.			
TOTAL:		None	7 working days	

Note: TAT of working 3 days processing by CAC includes cycle time. It is based on current capacity to manage regular volume of sms and FB messages, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

9. Handling of Technical Client Queries and Feedback via Social Media and SMS

Queries or feedback from external clients via “PhilHealthofficial” Facebook page and textline 0917-898-7442. These transactions are for endorsement by CAC and for Level 2 resolution of another office involving provision of core services (i.e. membership, collection, claims, **accreditation, etc**) **with review and**

Office:	Corporate Action Center (CAC)			
Classification:	Highly Technical			
Type of Transaction:	G2C- Government to Citizen			
Who may avail:	All external clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			Corporate Action Center channels: “PhilHealthofficial” Facebook page Textline 0917-898-7442.	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send message to PhilHealth FB page, or textline 0917-898-7442.	1. Respond with standard opening spiel	None	3 working days	CAC Agent
2. Give consent on use of personal data in order to proceed with query	2. Message client to secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client’s concern as necessary and request for name and PIN and other required information.			
None	4. View client’s profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Receive acknowledgement and initial response	6. Provide acknowledgement and initial response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
	8. Provide closing spiel			
None	9. Escalate technical transaction to Team Leader for resolution of other office.			
None	10. Coordinate and endorse to responsible office thru CSMS, and record in CAC Logsheet			CAC Team Leader

5. Provide requested information	11. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.		8 working days	Other office
5. Receive services, if applicable	12. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
None	14. Prepare final response letter to client using spiel and based on available information. Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.		3 working days	
None	15. Review draft response letter		3 working days	
None	16. Revise draft response letter as necessary			
None	17. Sign final response			
6. Receive final response letter	18. Release response letter to client			
TOTAL:		None	20 working days	

Note: TAT of 3 working days processing by CAC includes cycle time. It is based on current capacity to manage regular volume of sms and FB messages, with quota set at 80 per agent per day. As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

10. Handling of Complex Client Queries and Feedback via letter

Queries or feedback from external clients via letter (including letters from Presidential Complaint Center which are for Level 1 resolution by CAC with review and approval process.

Office:		Corporate Action Center (CAC)				
Classification:		Complex				
Type of Transaction:		G2C- Government to Citizen ,G2G-Government to Government				
Who may avail:		All external clients				
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE				
None		Thru letter sent to: Philippine Health Insurance Corporation Head Office CityState Center, 709 Shaw Boulevard, Oranbo, Pasig City Presidential Complaint Center pcc@malacanang.gov.ph (letter)				
CLIENT STEPS		AGENCY ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send query/feedback via letter to PhilHealth Head Office		1. Sort and distribute letters to agents			4 working days	Letter Channel Team Leader
None		2. Read letter and check available contact information.				Letter Channel Agent
2. Provide requested information		3. Contact client thru phone, text or email (if available), ask /clarify concern and request for name and PIN and other required information as necessary.				
None		4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)				
3. Receive initial response		5. Resolve concern through phone, text or email, if possible.				
None		6. Prepare response letter using spiel and based on available information. Note: Response may be as follows: - Documentation of the resolution (if outrightly resolved via phone) - Final response (if information/document provided is sufficient to make a response) - Request for client to provide additional information/documents (if client was not able to provide requested information or was not contacted in Step 3). Contact information of CAC for follow-up is provided.			3 working days	
None		7. Review draft response letter and provide comments, if any				CAC Head

None	8. Finalize reply letter, if wth comments			Letter Channel Agent
None	9. Sign finalized response letter			CAC Head
4. Receive final response letter	10. Release response letter to client via email (if available) or thru PhilHealth Mailing Section			Releasing Staff
TOTAL:		None	7 working days	

Note: TAT of 7 working days processing by CAC includes cycle time. It is based on current capacity to manage regular volume of Letters. As allowed under EODB Law, TAT extension of additional 7 working days may be applied for complex transactions, provided that, client is informed prior to deadline.

11. Handling of Client Queries and Feedback via letter (Level 2 - for initial response of CAC and resolution of other office)

Technical queries or feedback from external clients via letter (including letters from Presidential Complaint Center). These transactions are for endorsement by CAC and for Level 2 resolution of another office involving provision of core services (i.e. membership, collection, claims, accreditation, etc) with review and management approval process.

Office:		Corporate Action Center (CAC)		
Classification:		Highly Technical		
Type of Transaction:		G2C- Government to Citizen ,G2G-Government to Government		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Thru letter sent to: Philippine Health Insurance Corporation Head Office CityState Center, 709 Shaw Boulevard Oranbo, Pasig City Presidential Complaint Center pcc@malacanang.gov.ph (letter)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send query/feedback via letter to PhilHealth Head Office	1. Assign letters to agents		3 working days	Letter Channel Team Leader Letter Channel Agent
None	2. Read letter and check available contact information.			
2. Provide requested information	3. Contact client thru phone or text (if available), ask /clarify concern and request for name and PIN and other information/document, if lacking.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
None	5. Coordinate technical transaction with concerned office, as necessary, and provide advance copy of letter and attachments			
None	6. Encode transaction in CSMS and Logsheet			
None	7. Prepare acknowledgement letter to client and endorsement memorandum to responsible office, using spiel and based on available information. Contact information of CAC for follow-up is provided.		3 working days	
None	8. Review draft response letter and endorsement			CAC Head
None	9. Revise draft response and endorsement as necessary			Letter Channel Agent
None	10. Sign finalized response and endorsement letter			CAC Head

3. Receive acknowledgement and initial response letter	11. Release acknowledgement and initial response letter to client via email (if available) or thru PhilHealth Mailing Section and endorsement			Email Team or Releasing Staff
None	12. Release endorsement memo to responsible office via official email and via CSMS; oncode in Logsheet		8 working days	Email Channel TL and Letter Channel Agent Other office
4. Provide requested information	13. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.			
5. Receive services, if applicable	14. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
None	15. Prepare final response letter to client using spiel and based on available information. Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.		3 working days 3 working days	Action Officer Designate (AOD) of Other Office
None	16. Review draft response letter			Head of Other Office
None	17. Revise draft response letter as necessary			Action Officer Designate (AOD) of Other Office
None	18. Sign final response			Head of Other Office
6. Receive final response letter	19. Release response letter to client via email (if available)			Releasing Staff
TOTAL:		None	20 working days	

Note: As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

12. Handling of Simple Client Queries and Feedback lodged to Government Channels (Level 1 - for direct resolution of CAC)

Simple queries or feedback from external clients lodged to Government Channels i.e. 8888, CSC-CCB and ARTA (with online system). These transactions are for direct resolution by CAC using pre-approved spiels and not requiring review and approval process. .

Office:	Corporate Action Center (CAC)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen,G2G Government to Government			
Who may avail:	All external clients			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
None	Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC): 8888 Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client sends query/feedback thru Government Channel Government Channel endorses feedback/ transaction to CAC	1. Receive endorsement from Government Channel	None	3 working days (Initial action must be within 72 hours)	CAC Technical Point Person
None	2. Read client's concern and check available contact information.			
2. Provide requested information	3. Contact client thru phone or text (if available), ask /clarify concern and request for name and PIN and other required information as necessary.			
None	4. Record initial actios in Government Channel's online system and upload documentation. Contact information of CAC for follow-up is provided.			
None	5. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
3. Receive final response	6. Immediately resolve simple concern through text or email for documentation.			
None	7. Record resolution of transaction in Government Channel's online system and upload documentation. Contact information of CAC for follow-up is provided.			
None	8. Record transaction in CSMS and close directly resolved transaction.			
TOTAL:		None	3 working days	

Note: Initial contact with client must be with concrete and specifc action within 72 hours from receipt, as mandated by EO 6, 2016. As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

13. Handling of Complex Client Queries and Feedback lodged to Government Channels

(Level 1 - direct resolution, Complex - with no available spiel)

Queries or feedback from external clients lodged to Government Channels i.e. 8888, CSC-CCB and ARTA (with online system). These transactions are for direct resolution by CAC without pre-approved spiels and requiring review and approval process.

Office:		Corporate Action Center (CAC)		
Classification:		Complex		
Type of Transaction:		G2C- Government to Citizen, G2G Government to Government		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC): 8888 Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client sends query/feedback thru Government Channel Government Channel endorses feedback/ transaction to CAC	1. Receive endorsement from Government Channel	None	3 working days (Initial action must be within 72 hours)	
None	2. Read client's concern and check available contact information.			
2. Provide requested information	3. Contact client thru phone, text or email (if available), ask /clarify concern and request for name and PIN and other required information as necessary.			
None	4. Encode initial actions in Government Channel's online system.			
None	5. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)		4 working days	
None	6. Prepare response based on available information. Note: Response may be as follows: Contact information of CAC for follow-up is provided.			
None	7. Review draft response			CAC Head
None	8. Finalize response as necessary			CAC Technical Point Person
None	9. Approve finalized response			CAC Head
4. Receive final response letter	10. Release response to client via email (if available)			CAC Technical Point Person
None	11. Record resolution of transaction and upload documentation in Government Channel's online system.			CAC Technical Point Person
None	12. Close the transaction ticket in CSMS			
TOTAL:		None	7 working days	

Note: As allowed under EODB Law, TAT extension of additional 7 working days may be applied for complex transactions, provided that, client is informed prior to deadline.

14. Handling of Client Queries and Feedback lodged to Government Channels

(Level 2 - for endorsement to other office)

Simple queries or feedback from external clients lodged to Government Channels i.e. 8888, CSC-CCB and ARTA (with online system). These transactions are for direct resolution by CAC without pre-approved spiels and requiring review and approval process.

Office:		Corporate Action Center (CAC)			
Classification:		Complex			
Type of Transaction:		G2C- Government to Citizen,G2G Government to Government			
Who may avail:		All external clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE			
None		Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC): 8888 Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565			
CLIENT STEPS	AGENCY ACTION		FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client sends query/feedback thru Government Channel Government Channel endorses feedback/ transaction to CAC	1. Receive endorsement from Government Channel		None	2 working days	CAC Technical Point Person
				(Initial action must be within 72 hours)	
None	2. Read client’s concern and check available contact information.				
2. Provide requested information	3. Contact client thru phone, text or email (if available), ask /clarify concern and request for name and PIN and other required information as necessary.				
None	4. Encode initial actions in Government Channel’s online system.				
None	5. View client’s profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)				
None	6. Coordinate and endorse complex transaction with concerned office via email for documentation.				
None	7. Encode transaction and initial actions in Government Channel’s online system and in CSMS and Logsheet.			5 working days	Other office
3. Provide requested information 4. Receive services and/or final response	8. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client’s database records for information security purposes, if applicable.				

	<p>9. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures.</p> <p>Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.</p>			
	<p>10. Communicate final response to client</p> <p>Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.</p>			
None	11. Record status of transaction in CSMS and endorse to CAC Technical Point Person for closure			Action Officer Designate (AOD) of Other Office CAC Technical Point Person
None	<p>12. Record resolution of transaction and upload documentation in Government Channel's online system.</p> <p>Contact information of CAC for follow-up is provided.</p>			
None	13. Close the transaction ticket in CSMS			
TOTAL:		None	7 working days	

Note: As allowed under EODB Law, TAT extension of additional 7 working days may be applied for complex transactions, provided that, client is informed prior to deadline.

15. Handling of Client Queries and Feedback lodged to Government Channels

Queries or feedback from external clients via letter (including letters from Presidential Complaint Center) which are for endorsement by CAC and for Level 2 resolution of another office involving provision of core services (i.e. membership, collection, claims, accreditation, etc) with review and management approval process.

Office:		Corporate Action Center (CAC)		
Classification:		Highly Technical		
Type of Transaction:		G2C- Government to Citizen,G2G Government to Government		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 8-478-5093 Presidential Complaint Center (PCC): 8888 Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client sends query/feedback thru Government Channel Government Channel endorses feedback/ transaction to CAC	1. Receive endorsement from Government Channel	None	3 working days (Initial action must be within 72 hours)	CAC Technical Point Person
None	2. Read client’s concern and check available contact information.			
2. Provide requested information	3. Contact client thru phone, text or email (if available), ask /clarify concern and request for name and PIN and other required information as necessary.			
None	4. Encode initial actions in Government Channel’s online system.			
None	5. View client’s profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
None	6. Coordinate and endorse complex transaction with concerned office via email for documentation.			
None	7. Encode transaction and initial actions in Government Channel’s online system and in CSMS and Logsheet.		8 working days	
3. Provide requested information	8. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client’s database records for information security purposes, if applicable.			Other office

4. Receive services, if applicable	9. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
None	10. Prepare final response letter to client using spiel and based on available information. Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.		3 working days 3 working days	Action Officer Designate (AOD) of Other Office
None	11. Review draft response letter			Head of Other Office
None	12. Revise draft response letter as necessary			Action Officer Designate (AOD) of Other Office
None	13. Sign final response			Head of Other Office
6. Receive final response letter	14. Release response letter to client via email (if available) or thru PhilHealth Mailing Section.		3 working days	Releasing Staff
None	15. Record status of transaction in CSMS and endorse to CAC Technical Point Person for closure			Action Officer Designate (AOD) of Other Office
None	16. Record resolution of transaction and upload documentation in Government Channel's online system. Contact information of CAC for follow-up is provided.			CAC Technical Point Person
None	17. Close the transaction ticket in CSMS			
TOTAL:		None	20 working days	

Note: As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

16. Handling of Simple Client Queries and Feedback via CAC Walk-In Counter

Simple queries or feedback from external clients via CAC Walk-In Counter.

Office:		Corporate Action Center (CAC)		
Classification:		Simple		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
For complaints against non-remitting employers: - "Salaysay" or affidavit (available at CAC) - Payslip and proof of non-payment For all other complaints and queries: NONE Core processes on membership, collection, benefit availment and accreditation are not available at CAC.			CAC Walk-In Counter Room 706, CityState Center, 709 Shaw Boulevard, Oranbo, Pasig City	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit simple query/ feedback at CAC Walk-In Counter	1. Respond with standard opening spiel	None	8 minutes	CAC Walk-In Agent
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions 5. Receive final response and information materials	5. Perform information security protocol, if involving sensitive personal information			
	6. Provide response to the query or feedback including other relevant information using spiels			
	7. Provide contact details and transaction reference number for follow-up			
None	8. Encode transaction in CSMS and Logsheet and close directly resolved transaction.			
TOTAL:		None	8 minutes	

17. Handling of Complex Client Queries and Feedback via CAC Walk-In Counter

Complex queries or feedback from external clients via CAC Walk-In Counter.

Office:		Corporate Action Center (CAC)		
Classification:		Complex		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
For complaints against non-remitting employers: - "Salaysay" or affidavit (available at CAC) - Payslip and proof of non-payment For all other complaints and queries: NONE Core processes on membership, collection, benefit availment and accreditation are not available at CAC			CAC Walk-In Counter Room 706, CityState Center, 709 Shaw Boulevard, Oranbo, Pasig City	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complex query/ feedback at CAC Walk-In Counter	1. Respond with standard opening spiel	None	8 minutes	CAC Walk-In Agent
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Accomplish forms and attach supporting documents	6. Require to accomplish forms and submit supporting documents as applicable (based on requirements per process as posted in www.philhealth.gov.ph)			
5. Receive acknowledgment and initial response	7. Provide response to the query or feedback including other relevant information using spiels			
	8. Provide contact details and transaction reference number for follow-up			

None	10. Encode transaction in CSMS and Logsheet.		2.9 working days	CAC Walk-In Agent
None	11. Coordinate complex transaction with concerned office, as necessary, and provide advance copy of letter and attachments			
None	12. Prepare endorsement memorandum to responsible office, using spiel and based on available information.			
None	13. Review draft endorsement			CAC Head
None	14. Revise draft endorsement as necessary			CAC Walk-In Agent
None	15. Sign finalized endorsement letter			CAC Head
None	16. Release endorsement memo to responsible office via official email and via CSMS		4 working days	CAC Walk-In agent Other office
7. Provide requested information 8. Receive services and/or final response	17. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.			
	18. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
	19. Communicate final response to client Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.			
TOTAL:		None	7 working days	

Note: As allowed under EODB Law, TAT extension of additional 7 working days may be applied for complex transactions, provided that, client is informed prior to deadline.

18. Handling of Technical Client Queries and Feedback via CAC Walk-In Counter

Technical queries or feedback from external clients via CAC Walk-In Counter.

Office:		Corporate Action Center (CAC)		
Classification:		Highly Technical		
Type of Transaction:		G2C- Government to Citizen		
Who may avail:		All external clients		
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
For complaints against non-remitting employers: - "Salaysay" or affidavit (available at CAC) - Payslip and proof of non-payment For all other complaints and queries: NONE Core processes on membership, collection, benefit availment and accreditation are not available at CA			CAC Walk-In Counter Room 706, CityState Center, 709 Shaw Boulevard, Oranbo, Pasig City	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit technical query/ feedback at CAC Walk-In Counter	1. Respond with standard opening spiel	None	8 minutes	CAC Walk-In agent
2. Give consent on use of personal data in order to proceed with query	2. Secure consent on use of personal data in the transaction and for quality assurance purposes			
3. Provide requested information	3. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	4. View client's profile using Customer Service Management System (CSMS) and assess information needs of client (including other aspects of participation in the National Health Insurance Program.)			
4. Answer security questions	5. Perform information security protocol, if involving sensitive personal information			
5. Accomplish forms and attach supporting documents	6. Require to accomplish forms and submit supporting documents as applicable (based on requirements per process as posted in www.philhealth.gov.ph)			
6. Receive acknowledgement and initial response	7. Provide acknowledgement and initial response to the query or feedback including other relevant information using spiels			
	8. Provide contact details and transaction reference number for follow-up	None	2.9 working days	CAC Walk-In agent
None	9. Encode transaction in CSMS			

None	10. Coordinate technical transaction with concerned office, as necessary, and provide advance copy of letter and attachments			
None	11. Prepare endorsement memorandum to responsible office, using spiel and based on available information.			
None	12. Review draft endorsement			CAC Head
None	13. Revise draft endorsement as necessary			CAC Walk-In agent
None	14. Sign finalized endorsement letter			CAC Head
None	15. Release endorsement memo to responsible office via official email and via CSMS	None	8 working days	CAC Walk-In agent Other office
7. Provide requested information	16. Request client for additional information/documents required for processing, if applicable. Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.			
8. Receive services and/or final response	17. Provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Note: These may also include appropriate redress for non-conforming services i.e. re-work, correction of errors, correction of other affected processes or services, and giving of apology to the client.			
None	18. Prepare final response letter to client using spiel and based on available information. Note: For services that have long processing time (i.e. claims, employer billing, claim appeal, etc.), current status may just be provided as final response, provided that contact information for follow-up is duly communicated.		5 working days 4 working days	Action Officer Designate (AOD) of Other Office
None	19. Review draft response letter			Head of Other Office
None	20. Revise draft response letter as necessary			Action Officer Designate (AOD) of Other Office
None	21. Sign final response			Head of Other Office
6. Receive final response letter	22. Release response letter to client via email (if available) or thru PhilHealth Mailing Section.			Releasing Staff
TOTAL:		None	20 working days	

Note: As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

EXTERNAL SERVICES

FUND MANAGEMENT SECTOR

1. Securing Order of Payment

Information for Cashier as to type of transaction being paid as well as the account code to be encoded

Office:	Corporate Accounting Section			
Classification:	Simple			
Type of Transaction:	G2B,G2G			
Who May Avail:	Bidders, Philhealth Employees, Business Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Bid documents - 1 Original Copy		SBAC		
Notice of Appeal - 1 Original Copy		Arbitration Departmentw		
Service Decision - 1 Original Copy		Arbitration Department		
Certificate of Finality - 1 Original Copy		Arbitration Department		
Accreditation Document - 1 Original Copy		Treasury Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Present the required Document to be paid	1) Fill out the Order of Payment Document indicating the amount to be paid (listed on the bid docs, Notice of appeal, service Decision, Certificate of Finality and Accreditation Documents)	None	5 minutes	1 Fiscal Controller III - General Accounting Unit
	2) Direct the client to the Cashier Section at Room 1612 for payment	none		
TOTAL:		None	5 minutes	

2. Preparation of Financial Statements

Consolidation of PROs and Head Office Trial Balance to come up with Financial Statements for management's decision making and for Public Information of the Financial Condition, Performance and other relevant information regarding the corporation

Office:	Corporate Accounting Section			
Classification:	Highly Technical			
Type of Transaction:	G2G (Internal and External)			
Who May Avail:	All PhilHealth Cost Centers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PROs Consolidated Trial Balance - 1 original Copy		Branch Accounting Section		
General Journal - 1 original Copy		Corporate Accounting Section		
Journal of Collection and Deposit - 1 original copy		Cash Division/Treasury Department		
Voucher Register -1 Original Copy		Disbursement Administration Section		
Check Register - 1 Original Copy		Cash Division and Corporate Accounting		
Trial Balance - Head Office - 1 original Copy		General Accounting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
The Branch Accounting Unit, Cash Division, Disbursement Section shall submit respective reports to the Corporate Accounting Section	Corporate Accounting Section shall analyze and process to come with the Consolidated Trial balance and classify the accounts to come up with the Financial Statements	none	20 days after the ensuing month	1Fiscal Controller IV - Corporate Accounting Section 2 Fiscal Controller III - General Accounting 4 Fiscal Controller II - General Accounting Unit 2 Fiscal Examiner A - General Accounting Unit 2 Fiscal Controller 1 -General Accounting Unit
TOTAL:		None	20 days after the ensuing month	

1. Processing of Disbursement Vouchers

Pre-audit disbursement vouchers in order to have a check prepared to pay an individual or an organization for goods sold or services rendered.

Office:	Disbursement Administration Section (DAS)(
Classification:	Complex			
Type of Transaction:	G2G			
Who May Avail:	External and Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Budget Utilization Request (BUR) Form (3 original copies)		Financial Accounting Reporting Utility (FARU)		
Disbursement Vouchers (DV) (4 original copies)		Financial Accounting Reporting Utility (FARU)		
Documentary requirements as stated in CO 2020-0118		Various sources		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in to FARU	1. DAS will receive the documents from the Budget Administration Section and pre-audit the transaction.	NONE	1.5 wdays for simple transactions; 3 wdays for complex transactions	1. Receiving Clerk – Disbursement Administration Section (DAS)
2. Enter all the details for DV preparation	2. Prepare the necessary accounting entries.			2. Processor – DAS
3. Print DV and BUR	3. Certify the completeness of the documentary requirements.			3. Fiscal Controller III / Authorized Box B signatory (DAS) in accordance with the Corporate Order on the Delegation and Signing Authority
4. Attach documentary requirements for the particular transaction	4. Approve the payment of the transaction.			4. Head, Das / Authorized Box C signatory (DAS) in accordance with the Corporate Order on the Delegation and Signing Authority
5. Sign Box A	5. Transmit the documents (manually and electronically) to the Cash Division for check preparation.			5. Receiving/releasing clerk (DAS)
6. Transmit the documents to the Budget Administration Section – Comptrollership Dept. manually and electronically using the FARU				
TOTAL:		1.5 wdays for simple transactions; 3 wdays for complex transactions		

Budget Proposal for the National Government Subsidy (NG) - Sponsored Members

This covers the preparation and submission of the budget proposal for the NG subsidy for the Indigent Program to the Department of Budget and Management (DBM).

Office:	Fiscal Management Division (FMD), Comptrollership Department			
Classification:	Highly Technical			
Type of Transaction:	G2G,			
Who May Avail:	Sponsored Members of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Original Budget Proposal for the Indigent Program (1 copy)		Member Management Group		
2. Original Approved PhilHealth Board Resolution (PBR) (1 copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Translate PhilHealth Board approved budget to DBM Forms	a. Collate all DBM Forms and other required documents for consolidation b. Prepare transmittal letter to DBM c. Forward documents to the Offices of the Senior Vice President for Fund Management Sector and President and Chief Executive Officer for signature (2 copies including receiving copy) d. Photocopy and submit documents to DBM e. Provide receipt copies to the Office of the President (OP), MMG and CorPlan (2 copies including receiving copy)		5 days	MMG, CorPaln And FMD-Comptrollership Staff
			5 days	
			2 days	
			1 day	
a. Revision of DBM Forms based on adjustments	Revision of DBM Forms based on adjustments		5 days	MMG and FMD-Comptrollership Staff
b. Forward documents to OP for signture and submit to DBM	Facilitate the approval			FMD-Comptrollership Staff
c. Submission of Budget Execution Documents (BED) based on the NEP/GAA	Submission of Budget Execution Documents (BED) based on the NEP/GAA (2 copies including receiving copy)		2 days	MMG and FMD-Comptrollership Staff
TOTAL:			20 days	

1. Issuance of Financial Reports

Provides Financial Reports for information and reference of requesting parties, other than those mandatory monthly/quarterly/annual reports

Office:	Managerial Finance Section			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Other Government/Oversight Agencies/Congress, All PhilHealth Cost Center			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter or Email Request: 1 Original/Soft Copies		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Send letter or email request	1. Evaluate the request	None	15 minutes	FC IV, Managerial Finance Section
	2. Prepare the reports *If the source of the requested report is not in the custody of the MFS, secure first from Comptrollership or Treasury Department		1 - 3 working days *depends on the complexity of the requested report **depends also if requested report needs data from other offices outside FMS	FC IV, Managerial Finance Section
	3. Review and approve the reports		40 minutes	SVP, FMS
	4. Once report is cleared for submission, forward the same to the requesting office		5 minutes	Social Insurance Assistant I, Managerial Finance Section
TOTAL:		None	1 - 3 working days	

1. Accreditation of Collecting Agents

Processing of PhilHealth Accredited Collecting Agents Application

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT	
Classification	Simple	
Type of Transaction	G2G - Government to Government; G2B - Government to Business	
Who May Avail	Banks and Non-banks; Government and Private Entities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Document No.1. Letter of Intent (1 copy, original copy)		Applicant Collecting Agent
Document No 2. Audited AFS for the past 3 yrs, including Notes to FS (1 copy , scanned copy/ photocopy)		
Document No. 3. Cert. of Registration issued by BSP, SEC, NTC (1 copy, scanned/photocopy)		
Document No 4. Art. Of Incorporation and By-Laws; Art. Of Partnership duly authenticated by SEC (scanned/photocopy, 1 copy)		
Document No.5. Electronic Banking Authority from BSP (1 copy, scanned/photocopy)		
Document No. 6. List of Members of BOD/Partners and Key Officers (1 copy , scanned/ photocopy)		
Document No. 7. Copy f Business License/permit from City of Municipality(scanned/photovopy, 1 copy)		
Document No. 8. Sworn Statement by the applicant in compliance to Labor Laws (1 copy , scanned/photocopy)		
Document No 9. Cert. of Good Standing w/Existing Industry/Association(scanned/photocopy, 1 copy)		
Document No. 10. List of Branches/Tie-ups (1 copy, scanned/photocopy)		
Document No. 11. PhilHealth Online Application Form (scanned copy/photocopy, 1 copy)		
Document No. 12. Bond (Cash, surety, fidelity) - for non-banks (1 copy, scanned/photocopy)		

CLIENT’S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Inquire about the requirements	Acknowledge phone queries and/or letter of applicants through phone/letter/email	NONE	5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
Submit accreditation requirements	Provide checklist of documentary requirements thru email or attachment to letter to applicant		5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
comply remaining accreditation requirements if incomplete	Upon receipt of the documents, record it in the logbook or in the monitoring sheet		5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Upon receipt of the documentary requirements, check completeness thereof (tick mark the checklist of documentary reqts.)		5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	If complete, proceed with the safekeeping of documents in the individual folder for the new applicant and prepare the FS for evaluation.		5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	If not complete, inform applicant through phone or email to comply with the deficient document/s		5 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
TOTAL			30 minutes	

2. Accreditation of Collecting Agents

Evaluation of the Audited FS of the Applicant

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Audited AFS for the past 3 yrs, including Notes to FS (1 copy, scanned /photocopy)		Applicant		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Note: The FS evaluation template varies on the category of bank/applicant. (Universal, Commercial, Thrift, Rural and non-bank)	NONE		
	Based on the BSP Performance indicator, evaluate the applicant's FS to determine the liquidity, solvency, capital adequacy and profitability.		10 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Input the data in a proforma template for a specific bank/non-bank category.		10 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Identify the equivalent points corresponding the variance as a result of the applicant's Financial Performance versus the BSP Performance Indicator. Once the equivalent points are identified, we can now determine whether the applicant passed or failed based on the benchmark set forth in the Manual of Accreditation for Collecting Agents.		20 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Print the template of evaluation and initial on it prior to submission to the Team Head for review/initial.		10 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Endorse the result of the FS evaluation to Team Head for review/counter-checking/initial on the report.		5 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Review the financial evaluation		10 minutes	Fiscal Controller II, AGRU / Fiscal Controller III, Accreditation Team
	If with error, return to the one who evaluated the FS for revision.			
	If none, affix initial/signature and endorse to Comptrollership Department for signature of the TWG member			
	Log and endorse FS evaluation template to Comptrollership Department and TWG Head, for signature.		5 minutes	Fiscal Clerk III, AGRU, Accreditation Team
	Receive and log signed document from Comptrollership Department		5 minutes	Fiscal Clerk III, AGRU, Accreditation Team

	Endorse FS Evaluation template to Senior Manager, Treasury Department		5 minutes	Clerk III, Accreditation Team
	Affixes signature in the template		5 minutes	SM, Treasury Department
	Receive and log signed document from OM, Treasury Department		5 minutes	Clerk III, Accreditation Team
	Inform applicant on the deferment/denial of accreditation via email and transmit the original letter thereafter.		10 minutes	Fiscal Controller II Fiscal Examiner A, AGRU, Accreditation Team
	Once signed, receive and log again in the monitoring sheet and file documents for reference		5 minutes	Clerk III, Accreditation Team
TOTAL			1 hour and 30 minutes	

3. Accreditation of Collecting Agents

Conduct of Meetings

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 PowerPoint Presentation (1 copy, photocopy only)		Accreditation Team		
Document No. 2 Necessary documents, if any (1 copy, photocopy only)				
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Check availability of the attendees (PCA AccreCom members, TWGs and officers concerned)	NONE	60 minutes	Social Insurance Assistant I, AGRU, Clerk III, Accreditation Team
	Check availabilty of Venue		30 minutes	
	Confirm the date and venue of the activity thru the Eas/person-in-charge of the PCA AccreCom members, COO/EVP, PCEO and the new ACA.		60 minutes	
	Prepare the Notice of PCA AccreCom meeting		15 minutes	
	Affix initial/signature on the documents		16 hours	Fiscal Controller I, AGRU I Fiscal Controller III, Accreditation Team / Senior Manager , Treasury Department /SVP, FMS
	Log all outcoming documents in the Monitoring Sheet		5 minutes	Clerk III, Accreditation Team
	Endorse/distribute documents for the meeting		60 minutes	
	File the remaining copy of the documents for reference		5 minutes	
TOTAL		19 hrs and 55 minutes		

4. Accreditation of Collecting Agents

Processing of the Non-Disclosure Agreement of the Applicant

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Highly Technical			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Non-Disclosure Agreement (original copy, 5 copies)		Accreditation Team		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Initial review of the NDA	Upon confirmation that the applicant passed the financial evaluation, personnel in-charge shall provide a copy of the the Proforma NDA and POAF	NONE	5 minutes	Fiscal Examiner A Social Insurance Assistant I, AGGRU, Accreditation Team
Send comments on the NDA thru email	Receive comments from applicant regarding NDA		5 minutes	Fiscal Examiner A Social Insurance Assistant I, AGGRU, Accreditation Team
	Analyze comments/summarize and prepare memo to be endorsed to Legal Sector		180 minutes	Fiscal Examiner A Social Insurance Assistant I, AGGRU, Accreditation Team
	initial/sign the memo		60 minutes	Fiscal Controller II, AGRU/Fiscal Controller III, Accreditation Team
	Endorse the memo and copy of the NDA with comments from the applicant together with the proforma NDA for reference of Legal.		15 minutes	Clerk III, Accreditation Team
	Receive and log the documents received from the Legal Sector		5 minutes	
	Inform the applicant of the legal opinion for conformity thru email		5 minutes	Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Review NDA	If not acceptable ,endorse to Legal Sector for review and comments. If comments are acceptable to PhilHealth, Legal Sector will issue a certification (TAT depends on Legal Sector's processing time)		5 minutes	Clerk III, Accreditation Team
	acknowledge receipt of the comments and or conformity of the applicant collecting agent on the NDA.		5 minutes	Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Final print the NDA in 6 sets		30 minutes	

	Prepare endorsement memo to the applicant		15 minutes	
	initial/sign the memo		60 minutes	Fiscal Controller II , AGRU/Fiscal Controller III , Accreditation Team/Senior Manager, Treasury Department
Receive and sign NDA	Send documents through courier		15 minutes	Clerk III, Accreditation Team
Send signed NDA to PhilHealth	Receive signed documents from the applicant		5 minutes	
	Prepare endorment memo to PhilHealth signatories		15 minutes	Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	initial/sign the memo		60 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III, Accreditation Team/ Senior Manager, Treasury Department
	Record outgoing documents and endorse it to PhilHealth signing officers' office.		5 minutes	Clerk III, Accreditation Team
	Received signed documents from OP		5 minutes	
	Prepare documents for notarization		15 minutes	Social Insurance Assistant I , Clerk III, AGRU, Accreditation Team
	Provide ITMD a copy of the NDA as reference for them to provide the technical specifications of the technical requirements to the applicant.		15 minutes	
	Prepare endorsement letter for the transmittal of NDA to the applicant.		15 minutes	Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	initial/sign the memo		15 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III, Accreditation Team/ Senior Manager, Treasury Department
	Send the documents via courier or request the collecting agent to send their messenger to get the NDA,		15 minutes	Clerk III, Accreditation Team
	File the extra copy of the documents		5 minutes	
TOTAL			9 days and 55 minutes	

5. Accreditation of Collecting Agents

Conduct of User Acceptance Test of Applicant's System

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1. PhilHealth's Technical Requirements (1 copy, soft copy via google sheet)		ITMD		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
UAT within PhilHealth Premises				
Proceed to the office/room where the UAT will be conducted	Coordinate with the concerned officers of ACAs and PhilHealth and get the availability and quorum	NONE	2 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	If both are available on a certain date, set the date and venue for the UAT			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Coordinate with ITMD, MMG, OSVP-FMS, PRID for the needed equipments		2 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Fill-out necessary forms as a requisite to borrow certain equipments from other offices		15 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	A day before or on the day of the UAT, secure the needed equipments			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Set-up equipments such as projector, projector screen, laptops and connectivity with the internet		15 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
Participate in the UAT	Assist in the conduct of the UAT between PhilHealth and ACA		3 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	After the activity, return all borrowed equipments to the custodian.			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Prepare an after-UAT report for documentation purposes		1 hour	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Review/initial/sign reports		3 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Fiscal Controller III, Accreditation Team
	Log and file documents		5 minutes	Clerk III, Accreditation Team
TOTAL		11 hours and 35 minutes		

CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
UAT outside PhilHealth Premises				
Accommodate PhilHealth team	Coordinate with concerned officers of ACAs and PhilHealth and get the availability and quorum	NONE	2 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	If both are available on a certain date, set the date and venue for the UAT			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Request for a vehicle to transport the attendees of the UAT to the venue			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Coordinate with ITMD, MMG, OSVP-FMS, PRID for the needed equipments			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Fill-out necessary forms as a requisite to borrow certain equipments from other offices		15 minutes	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	A day before or on the day of the UAT, secure the needed equipments			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
Participate in the UAT	Assist in the conduct of the UAT between PhilHealth and ACA		3 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	After the activity, return all borrowed equipments to the custodian.			Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Prepare an after-UAT report for documentation purposes		1 hour	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Accreditation Team
	Review/initial/sign reports		3 hours	Fiscal Controller II Fiscal Examiner A Social Assistant I, AGRU, Fiscal Controller III, Accreditation Team
	Log and file documents		5 minutes	Clerk III, AGRU, Accreditation Team
TOTAL			9 hours and 20 minutes	

6. Accreditation of Collecting Agents

Preparation of the PCA AccreCom Resolution

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	Government to Government			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Matrix of Documents Submitted (1 copy, original copy)		Accreditation Team		
Document No. 2 Signed Financial Evaluation (1 copy, photocopy)		Accreditation Team		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Draft PCA AccreCom Resolution for review of the Unit or Team Head.	NONE	2 hours	Fiscal Controller II Fiscal Examiner A Social Insurance Asstt I. AGRU, Accreditation Team
	* using the proforma Resolution			
	* new (cases such as termination, receivership, etc.)			
	Unit/ Team Head reviews the resolution. If with errors, return to the personnel who drafted the resolution for revision		15 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III, Accreditation Team
	log documents and endorse to OM-TD		5 minutes	Clerk III, Accreditation Team
	* If with errors, return to the personnel who drafted the resolution for revision * If none, endorse to the next signatory. There are 10 signatories for the PCA AccreCom Resolution and everytime the document is signed and returned to AgRS, it is being logged/ recorded for tracking purposes.		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Asstt I, AGRU, Accreditation Team
	Received signed resolution from the last signatory, the PCEO. Log it in the monitoring sheet and thereafter file it for safekeeping.		5 minutes	Clerk III, Accreditation Team
	Indicate the number of the approved PCA AccreCom resolution and the date to when it was approved.		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Asstt I, AGRU, Accreditation Team
	File the approved PC AccreCom Resolution		5 minutes	Clerk III, Accreditation Team
TOTAL		2 days and 40 minutes		

Note: Same process applies to renewal of accreditation

Finalization of CRA is dependent on Philhealth and applicant's conformity on the provisions of the CRA.

7. Accreditation of Collecting Agents

Processing of the Collection and Remittance Agreement

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Highly technical			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Collection and Remittance Agreement (5 copies, original copy)		Accreditation Team		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Draft CRA based on the proforma CRA with ILD Certification with the assumption that all data needed were already gathered from the applicant collecting agent and the PhilHealth Office concerned.	NONE	2 days	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Once drafted, endorse the drafted CRA and Annexes to the Team Head for review and clearance.		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Review the draft CRA and Annexes		2 days	Fiscal Controller III, Accreditation Team
	If with error, revise the CRA		2 days	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Initial review of the CRA	If none, endorse to applicant collecting agent for their review and conformity via email		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	To fast track the accreditation process, follow up or get the comments/conformity of the applicant through phone or email.		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Send comments to Treasury Department	Once the comments of the applicant collecting agent was sent through mail, log said document for monitoring purposes and provide the copy to the personnel incharge of the applicant.		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	If through email, it will directly be received by the personnel incharge of the applicant		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	acknowledge receipt of the comments and or conformity of the applicant collecting agent on the CRA.		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Analyze and classify which comments shall be endorsed to Legal Sector (legal matters); SERU, MMG (Operational matters) or comments that can be dealt with immediately within the authority of the Division/Department.		3 days	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team/ Fiscal Controller III, Accreditation Team

	Summarize, encode and print memo containing the summarized comments of ACAs to be endorsed to Legal Sector		1 day	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Print CRAs (original and with comments from ACA) as attachment and reference for concerned office/s		20 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Submit memo for review and initial of Unit/Team Head		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Review documents submitted and affix initials/signature.		1 day	Fiscal Controller II, AGRU, Fiscal Controller III, Accreditation Team
	If there are corrections, return to the initiator for revisions		15 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I
	If none, affix initial/signature on the memo		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I
	Log and endorse documents to Accreditation Team Head for review and initials		5 minutes	Clerk III, Accreditation Team
	Review and initial the documents		60 minutes	Fiscal Controller III, Accreditation Team
	Repeat steps F1.5 Review and signed the document		60 minutes	Senior Manager, Treasury Department
	Receive signed memo for the OSM-Treasury Dept.		5 minutes	Clerk III, Accreditation Team
	Log outgoing documents and endorse to Legal Sector		15 minutes	Clerk III, Accreditation Team
	File the extra copy of the memo		5 minutes	Clerk III, Accreditation Team
	Receive and log the legal certification. An LS certification shall be sought everytime there is a comment on the CRA from the applicant.		5 minutes	Clerk III, Accreditation Team
	Through email/call, inform applicant collecting agent of the comments/acceptance of the LS on their suggestions on the CRA		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Conform with the provisions of the CRA	If applicant conformed, finalize and prepare CRA in five sets, if not, go back to the first step.		1 day	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Prepare a letter to the newly approved collecting agent endorsing the CRA for their signature		10 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I
	Unit /Team Head review and initial in the letter		15 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III, Accreditation Team
	Endorse documents to OM-TD signing		5 minutes	Clerk III, Accreditation Team

	Same process as steps F1.5 to F1.10		Dependent on the exchanges and acceptance of comments in the CRA by PhilHealth and applicant	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Receive signed letter		5 minutes	Clerk III, Accreditation Team
Receive and sign the CRA	Send the documents via courier or request the collecting agent to send their messenger to get the CRA.		15 minutes	
	File the extra copy of the transmittal letter		5 minutes	
	Receive signed documents from the new ACA		5 minutes	Clerk III, Accreditation Team
	Endorse to PhilHealth authorized signatories		15 minutes	
	Receive signed CRA from OPCEO		5 minutes	
	Notarize CRA		120 minutes	Social Insurance Assistant I, Clerk III, AGRU, Accreditation Team
Safekeep the notarized CRA	Provide ACA and PhilHealth Offices a copy of the CRA		20 minutes	Social Insurance Assistant I Clerk III, AGRU, Accreditation Team
TOTAL			20 days	

8. Accreditation of Collecting Agents

Processing of the Accreditation Fee Payment of ACAs

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No.1 Manager's Check (1 copy, original copy)		Accredited Collecting Agent		
Document No.2 Bank Validated deposit Slip (1 copy, scanned/photocopy		Accredited Collecting Agent		
Document No. 3 PhilHealth Official Receipt (1 copy, original copy		PhilHealth Cashier		
Document No.4 ACA Official Receipt (1 copy, original copy)		ACA		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	THRU: Manager's Check			
Prepare Check	Receive Check from ACA representative		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Provide Check to personnel in Accreditation Team	Request for an Order Payment Slip from Comptrollership	Original Accreditation:	20 minutes	
		Universal Bank - P50,000.00		
	Endorse the Order of Payment Slip and the Check to the Cashier for issuance of PhilHealth Official Receipt (POR)	Commercial Bank - P40,000.00	5 minutes	
		Thrift Bank - P30,000.00		
	Receive the original copy of the POR for TD Cashier.	Rural Bank -P20,000.00	5 minutes	
	Photocopy the POR for TD copy and file/serves as proof of receipt from ACA representative	Remittance Center - P50,000.00	2 minutes	
		Telecom - P50,000.00		
Receive copy of the POR	Provide the original copy of the POR to the ACA representative	Bills Payment Center - P40,000.00	2 minutes	
		Pawnshop - P30,000.00		
	File	Organized Groups -P10,000.00	1 minute	
TOTAL		40 minutes		

THRU: Deposit to PhilHealth AGDBs	<i>*For the renewal of accreditation, there is an additional amount of P10,000.00 for each category.</i>			
Deposit payment to AGDB of PhilHealth	Receive a copy of the Bank Validated Deposit Slip from the ACA	Original Accreditation:	5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
		Universal Bank - P50,000.00		
	Acknowledge receipt of the email from ACA	Commercial Bank - P40,000.00		
		Thrift Bank - P30,000.00		
	Prepare memo addressed to the Cash Division of Treasury Department and request for verification of the amount deposited by the ACA.	Rural Bank -P20,000.00	15 minutes	
		Remittance Center - P50,000.00		
	Initial/sign the memo	Telecom - P50,000.00	10 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III, Accreditation Team
		Bills Payment Center - P40,000.00		
	Log and endorse the memo to Cash Division	Pawnshop - P30,000.00	5 minutes	Clerk III, Accreditation Team
		Organized Groups -P10,000.00		
	Receive Cash Division's reply together with the original copy of the POR		5 minutes	Clerk III, Accreditation Team
	Photocopy the POR for TD copy and file/serves as proof of receipt from ACA representative		5 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
Receive copy of the POR	Send the original copy of the POR to the applicant.		5 minutes	
	File			
TOTAL			55 minutes	

9. Accreditation of Collecting Agents

Preparation of the Advisory

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Memo signed by the Senior Manager (1 copy, original copy)		Accreditation Team		
Document No. 2 Draft copy of the advisory (1 copy, original copy)				
Document No. 3 Necessary attachments, if any (1 copy, photocopy copy)				
CLIENT’S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
	Upon confirmation with the Collecting agent and the PRO concerned on the effectivity date, prepare and submit the draft advisory and memo	NONE	15 minutes	Fiscal Controller II Fiscal Examiner A Social Insurance Assistant I, AGRU, Accreditation Team
	Review and affix initials/signs in the memo		10 minutes	Fiscal Controller II,AGRU , Fiscal Controller III, Accreditation Team /Senior Manager, Treasury Department
	Log documents for monitoring purposes and endorse to CAGT for lay-out of the advisory		15 minutes	Clerk III, Accreditation Team
	Receive the lay-out of advisory from CADT			
	Check contents if complete and initial on the draft lay-out		5 minutes	
	Provide clearance on the content of the lay-out		30 minutes	Fiscal Controller III, Accreditation Team/ Senior Manager, Treasury Department
	Endorse back the lay-out to CorCom for signature and approval of the PCEO		15 minutes	Clerk III, Accreditation Team
	File a copy of the documents endorsed to CorCom		5 minutes	Clerk III, Accreditation Team
TOTAL			95 minutes	

10. Transaction Fees Paid to Accredited Collecting Agents

Processing of the BUR for the Payment of Transaction Fees to ACAs

Office	AGENTS RELATION UNIT ACCREDITATION TEAM,TREASURY DEPARTMENT			
Classification	Simple			
Type of Transaction	G2G - Government to Government; G2B - Government to Business			
Who May Avail	Banks and Non-banks; Government and Private Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 Original Billing (original copy, 1 copy)		Accredited Collecting Agent		
Document No. 2 Generated RF2 report (scanned/photocopy, 1 copy)		SERU-Treasury Dept.		
Document No. 3 Budget Utilization Request (original copy, 2 copies)		AGRU		
Document No. 4 Certification (original copy, 2 copies)				
Document No. 5 BIR Form 2306 (original copy, 2 copies				
Document No. 6 BIR Form 2307 original copy, 2 copies				
CLIENT’S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit original billing to Treasury Department	Receive orignal billing statement from SERU	OTC ACAs : P 40.00 per transaction /Online ACAs: P10.00 per transaction	5 minutes	Clerk III, AGRU, Accreditation Team
	Countercheck the total transactions from the billing vs. the generated RF2A		10 minutes	
	Access FARU and prepare BUR		10 minutes	
	Prepare Certification		5 minutes	
	Prepare the BIR forms for the tax withheld from ACAs		5 minutes	
	Review BUR and supporting documents		15 minutes	Fiscal Controller II, AGRU / Fiscal Controller III, Accreditation Team
	Initial/sign documents		15 minutes	Fiscal Controller II, AGRU/ Fiscal Controller III , Accreditation Team/Senior Manager, Treasury Department
	Endorse documents to Compt Dept		15 minutes	Clerk III, Accreditation Team
	File copies retained for reference.		10 minutes	Clerk III, Accreditation Team
TOTAL			1 hour and 45 minutes	

** total amount is dependent on the total transaction counts to be processed per month*

1. Distribution of PhilHealth Agents Receipt (PAR)

Issuance of PAR to Accredited Collecting Agent (ACA)

Office	Data Management and Systems Monitoring Unit (DMSMU), Accreditation Team, Treasury Department			
Classification	Simple			
Type of Transaction	G2B & G2G			
Who May Avail	Accredited Collecting Agent			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document 1 Requisition and Issue Slip(RIS) (One (1) Original Copy)		-DMSMU, Accreditation Team, Treasury Department		
Document 2 Invoice and Receipt of Accountable Form (IRAF) (One (1) Original Copy)		-DMSMU, Accreditation Team, Treasury Department		
Documents 3 Authorization letter and valid (government or Company) ID for liaison officer (One (1) Original Copy)		- Accredited Collecting Agent (ACA)		
Document 4 Authority to Release and Gate Pass (3 Original Copies)		-DMSMU, Accreditation Team, Treasury Department		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the filled up and signed (RIS) to Treasury Department	1. Input in the PhilHealth Agents Receipt Management Module (PARMM) the recipient ACA and the quantity of PARs for distribution	NONE	15 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
	2. Check and approve the accuracy of the details.		5 minutes	Fiscal Controller II, DMSMU /Fiscal Controller III, Accreditation Team
	3. Generate IRAF from the PARMM for signature by the authorized representative of the recipient ACA.		5 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
2. Confirm of pick up.	4. Retrieve the boxes of PAR from the storage room as specified in the IRAF and update the bin card and stock card.		60 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
	5. Coordinate with the recipient ACA the schedule and manner of distribution/pick up.		10 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
3. Pick up the PARs	6. Distribute the PARs to the recipient ACAs.		60 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
	7. Input in the PARMM the following details in the distribution of PARs to ACA using the signed IRAF: a. Manner of release; b. Date the PARs are released/distributed to ACA.		10 minutes	Social Insurance Officer (alternate Fiscal Examiner A), DMSMU, Accreditation Team
TOTAL:		1 hour and 45 minutes		

1. Monitoring of Accredited Collecting Agents' (ACA) Remittances, Reports and Documents

Acknowledgement of Receipt of PhilHealth Accredited Collecting Agents (ACAs) Remittances
 Reconciliation of ACAs Remittances vs. Treasury Database

Office	Standards, Enforcement and Reconciliation (SERU), Accreditation Team, Treasury Department			
Classification	Simple			
Type of Transaction	G2B & G2G			
Who May Avail	Accredited Collecting Agents			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No 1. Validated ACAs Remittance Report (1 copy, soft copy).		Cash Division		
Document No 2. Treasury Data Editing Module (TDEM) generated uploaded transactions (1 copy, scanned/photocopy)		SERU, Accreditation Team		
Document No 3. ACAs Summary of Remittance (RF2a) and Bank Abstract of Daily Collection (1 copy, scanned/photocopy)		ACAs		
Document No 4. Data Amendment Request Form (DARF) (1 copy, scanned/photocopy)		SERU, Accreditation Team		
Document No 5. Cancelled PARs/ Dishonored Checks. (1 copy/scanned/photocopy)		ACAs		
Document No 6. Generated Bad files (1 copy, scanned/photocopy)		ACAs		
Document No. 7. Formal request letter to update the ACAs library in TDEM. (1 copy/ original or photocopy)		ACAs		
Document No.8. Statements of Accounts (SOA) for late remittances, late submission of documents and late uploading of textfiles in Electronic Collection Reporting System (ECRS). (1 copy, original copy)		SERU, Accreditation Team		
CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Accredited Collecting Agents				
1. Submit Proof of Remittance and RF2a to SERU.	1.Prepare Summary of ACAs Remittances and forward to Cash Division	NONE	30 minutes	Fiscal Controller II, Fiscal Examiner A , Social Insurance Officer , SERU Account Officer, SERU, Accreditation Team
	2. Upon receipt of validation from Cash Division, prepare final Summary of ACAs Remittances		30 minutes	Fiscal Examiner A, SERU, Accreditation Team
	3. Review and sign the report		15 minutes	Fiscal Controller II, SERU/Fiscal Controller III, Accreditation Team

2. Upload RF2 textfile in ECRS.	4. Check RF2a and RF2 textfile in TDEM generated report if tally with the Proof of Remittance submitted.		30 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer, SERU Account Officer, SERU, Accreditation Team
3. Report Cancelled and Dishonored check transactions to SERU.	5. Prepare DARF.		15 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer, SERU Account Officer, SERU, Accreditation Team
4. Submit Letter Request to update ACAs Library in TDEM.	6. Adjust/ Correct transaction in TDEM.		30 minutes	Fiscal Examiner A, Data Management Systems Monitoring Unit (DMSMU), Accreditation Team
5. Upload corrected bad files to ECRS.	7. Update TDEM's ACAs Library.		15 minutes	
6. Submit Billings tally with the Reconciled Remittances.	8. Post ACAs Remittance, TDEM Uploaded transactions, Adjustments (DARF) to Monitoring Report of ACAs Collection and Remittance vs. Treasury Database (Status Report).		15 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer / SERU Account Officer, SERU, Accreditation Team
	9. Prepare Statement of Account for late remittances, late submission of documents and late uploading of textfile to ECRS.		15 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer / SERU Account Officer, SERU, Accreditation Team
	10. Review and sign the SOA		15 minutes	Fiscal Controller II, SERU/Fiscal Controller III, Accreditation Team
	11. Inform ACA to submit Billings providing the transaction count of reconciled remittances		5 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer / SERU Account Officer, SERU, Accreditation Team
	12. Stamp verified and forward to Agents Relations Unit (AgRU) for monitoring of transaction fees.		5 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer / SERU Account Officer, SERU, Accreditation Team
TOTAL:			6 hours and 20 minutes	

2. REFUND OF PREMIUM CONTRIBUTION

Refund of Employer's Double Premium Payment

Office	Standards Enforcement and Reconciliation Unit (SERU), Accreditation Team, Treasury Department	
Classification	Simple	
Type of Transaction	G2G	
Who May Avail	PhilHealth Regional Offices / Area Vice-President	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
"Per CO 2020-0025: Document No. 1. Formal request letter from employers to Regional Vice President (RVP) (1 copy, original or photocopy)		1. Employerj
Document No. 2. Statement of Premium Account (SPA), PhilHealth Official Receipt (POR) /PhilHealth Agents Receipt (PAR), proofs of double payments (1 copy, original or photocopy)		2. Employer
Document No 3. RVP endorsement to Collection Section (Col. Sec.) (1 copy, original or photocopy)		3. RVPs
Document No 4. Data Amendment Request Form (DARF) prepared by Col. Sec. signed by RVP.(1 copy, original or photocopy)		4. Col. Sec.
Document No 5. Endorsement of RVP to AVP for approval/denial.(1 copy, original or photocopy)		5. RVP
Document No 6. Treasury Data Editing Module (TDEM) print screen showing both transactions.(1 copy, scanned/photocopy)		6. Standard Enforcement and Reconciliation Unit (SERU)-Treasury Department
Document No. 7. TDEM print screen showing the transaction tagged refunded.(1 copy, scanned/ photocopy)		7. SERU, Accreditation Team
Document No. 8. Proofs of Accredited Collecting Agents' (ACA) remittances such as POR, ACAs Summary of Remittances (RF2a), Cash Report where the transaction was included.(1 copy, scanned/photocopy)		8. SERU, Accreditation Team
Document No. 9. Endorsement to Cash Division for processing of fund transfer.(1 copy, original copy)"		9. SERU, Accreditation Team

CLIENT'S STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit complete requirements per CO 2020-0025 to SERU-Accre Team via email or courier.	1. Acknowledge receipt of documents via email or hard copy documents stamp received.	None	5 minutes	Fiscal Controller II, SERU Head/Fiscal Controller III, Accreditation Team
	2. If received by the Head, Accreditation Team, endorse to SERU for processing.		5 minutes	Fiscal Controller III, Accreditation Team
	2. Check completeness of requirements.		20 minutes	Fiscal Controller II, SERU , Accreditation Team
	3. Log to Monitoring Report for Refund.		5 minutes	Fiscal Controller II, SERU , Accreditation Team
	4. Access TDEM for verification and validation of double payment.		15 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer, Account Officers, SERU, Accreditation Team
	5. Tagging (zero amount) of duplicate payment to TDEM.		10 minutes	Fiscal Examiner A, Data Management System Monitoring Unit (DMSMU), Accreditation Team
	6. Attach print screen of tagged transaction and Cash Report.		10 minutes	Fiscal Controller II, Fiscal Examiner A, Social Insurance Officer, Account Officers, SERU, Accreditation Team
	7. Endorse to Cash Division for processing of fund transfer to PROs.		10 minutes	Fiscal Controller II ,SERU & Fiscal Controller III, Accreditation Team
TOTAL:			1 hour and 20 minutes	

1. Remittances

Acknowledgement of Receipt of PhilHealth Accredited Collecting Agents (ACAs) Remittances

Office:	Treasury Department, Cash Division			
Classification:	Simple			
Type of Transaction:	Over-the-Counter Remittances of Accredited Collecting Agents (ACAs)			
Who May Avail:	G2B - Business Entity (ACAs which opted to pay OTC in PhilHealth Head Office)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document No. 1 - 1 Managers Check		Documents 1&2 from paying ACAs		
Document No. 2 - 1 original copy of ACAs Remittance Report (RF2a)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Proceed to Cash Division and present the Managers Check and RF2A	Check/ scrutinize the correctness of the details of Managers check as against Remittance Report (RF2a) and process in the Over-the-Counter Collection System (OTCCS) the remittance of ACAs.	None	10 minutes	Collecting Officer of Cash Division, Treasury Department
1 Manager’s check - duly signed and complete details, correct amount in words and figures 1 Original copy of ACAs Remittance Report (RF2a)	Print, check the correctness of details and sign the PhilHealth Official Receipt and hand it over to the paying ACA.			
Present the PhilHealth Official Receipt (POR) and ACAs Remittance Report to Standards and Enforcement Section (SERU) of Accreditation Team in charge of ACAs	Validate the amount which may be broken down as follows: Regular remittance and penalty	None	10 minutes	Team Members of SERU, Accreditation Team, Treasury Department
TOTAL:		20 minutes		

2. Payment of Approved Disbursement Vouchers

Check Releasing

Office:	Treasury Department, Cash Division			
Classification:	Simple			
Type of Transaction:	Releasing of checks to payees of approved disbursement vouchers			
Who May Avail:	G2B – Business Entity for suppliers G2G – Another Government Agency, PhilHealth Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 original set of BIR authorized Official Receipt (OR)		Provided by the Business Entity and Agency/ Payee		
2 valid government issued IDs of claimant - present the original and 1 photocopy for Cash Division’s file				
1 original authorization letter of authorized personnel with attached photocopy of government issued ID of authorizing personnel of business entity				
For payee who is a PhilHealth employee/other government agencies/ former employee(s) of PhilHealth - 1 original notarized Special Power of Attorney for authorized representative of employee who is not an immediate family and with attached photocopy of 1 valid government issued ID of payee				
For family member of payee who is a PhilHealth employee /other government agencies/ former employee(s) of PhilHealth - authorization letter of payee with attached photocopy of valid government issued ID of payee and 2 valid government issued IDs of authorized representative				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
G2B - Suppliers				
Present the applicable documentary requirements enumerated above to Cash Division upon claiming of check	Validate the documents presented. Retrieve DV and check.	None	2 minutes	Check releasing personnel - Cash Division, Treasury Department
Sign the original copy of approved disbursement voucher and issue original Official Receipt (OR)	Review the OR issued	None	3 minutes	
Sign the Check Register	Release the check	None	1min	

Sign the Tax Certificate original and receiving copy	Release the supplier’s copy of tax certificates (Form 2306 and/ or 2307)	None	2mins	
G2G - Government Agency				
Present the documentary requirements to Cash Division upon claiming of check	Validate the documents presented. Retrieve DV and check.	None	2mins	Check releasing personnel - Cash Division, Treasury Department
Sign the disbursement voucher and issue OR	Review the OR issued	None	3mins	
Sign the Check Register	Release the check	None	1min	
G2G - Government Employee				
Present valid ID	Validate ID presented. Retrieve DV and check.	None	2mins	Check releasing personnel - Cash Division, Treasury Department
Sign the disbursement voucher and check register	Release the check	None	1min	
G2G - Government Employee’s Representative				
Present Authorization Letter/ Special Power of Attorney (SPA), whichever is applicable, and valid IDs	Validate documents presented. Retrieve DV and check.	None	2mins	Check releasing personnel - Cash Division, Treasury Department
Sign the disbursement voucher and check register	Release the check	None	1min	
TOTAL:		20 minutes		

1. Accreditation of Government Securities Eligible Dealers (GSEDs)

Accreditation of Government Securities Eligible Dealers (GSEDs) on the sale of Government Securities (GS) in the secondary market via Non-Restricted Trading Environment (NRTE) of the Bureau of the Treasury

Office:	Treasury Department, Investments Division			
Classification:	Simple			
Type of Transaction:	Accreditation of Counterparty Bank/Institution for Government Securities Transactions in the Secondary Market			
Who May Avail:	G2B – Business Entity (Government Securities Eligible Dealers-Private Banks and Investment Houses)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Document 1: Letter addressed to SVP Fund Management Sector requesting for accreditation as GSED counterparty bank of PhilHealth for Government Securities (GS) Trading		Provided by the Government Securities Eligible Dealer (GSED)		
Document 2: Certified True Copy (1) of latest PDEX Certification				
Document 3: Certified True Copy (1) of renewal of SEC Registration as GSED together with the list of authorized fixed income market salesman and associated person				
Document 4: Certified True Copy (1) of GSED’s SEC Registration				
Document 5: Certified True Copy (1) of latest Secretary’s Certificate together with the list of authorized signatories				
Document 6: Original copy (1) of Certificate of Good Standing from Three (3) Government Agencies				
Document 7: Photocopy (1) of Audited FS for the last three (3) years (including the interim FS if available)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the documentary requirements	Validate/ Check/ the completeness of documentary requirements	None	30 minutes	Fiscal Controller II, Fixed Income Section, Investment Division
	Follow -up the completion of Documentary Requirements		2 working days	Fiscal Controller II, Fixed Income Section, Investment Division
	Evaluation of the Request for Accreditation/Re-Accreditation upon completion of Documents		7 working days	Fiscal Controller II, Fiscal Controller IV of Fixed Income Section, and Chief of Investment Division
	Issuance of the Letter Confirming Accreditation/ Renewal of Accreditation		2 working days	Fiscal Controller II, Fixed Income Section, Investment Division
TOTAL:		11 days and 30 minutes		

1. Processing of Software Certification/ Compliance Request

This service is used to ensure that the requester's system complies with the standard data, transmission and integration requirements provided by the Corporation.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Health Care Institutions, Government Agencies, Other external partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Software Certification Application Form (SCAF)		PhilHealth Website		
One (1) Original Copy of Non-Disclosure Agreement (NDA)		PhilHealth Website		
One (1) Original Copy of Software Certification Agreement (SCA)		PhilHealth Website		
One (1) Original Copy of Software Certification Kit (SCK)		Philhealth Regional Office IT		
One (1) Original Copy of Software Valiation Test Form (SSVTF)		Philhealth Regional Office IT		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Application for Software Certification with attached documents using IT Ticketing System.	1.1 Receive fully accomplished NDA, SCAF and SCA 1.2. Check completion of the supporting documents. 1.3. Set and coordinate schedule of the Software Certification Test.	None	3 working days	Receiving Clerk PRO IT
2. Conduct of the Scheduled Software Certification Test	3.1. Prepare test data for the test. 3.2. Conduct 3 cycles of testing to ensure compliance of the system to the Software Validation Test Form (SSVTF). 3.3. Prepare, finalize and sign-off in teh SSVTF.	None	5 working days	PRO IT
3. System Software Certification Completion	4.1 Receive PRO IT Endorsement with the attached test documents as proof of system compliance 4.2 Prepare Software Certificate / Notice of System Compliance for signature of authorized signatories 4.3 Route the Software Certificate / Notice of System Compliance to authorized signatories 4.4 Register HCI in the Database.	None	12 working days	PRO IT UPECS-EMR Team RVP ITMD Heads CIO PCEO
TOTAL:		20 working days		

EXTERNAL SERVICES

HEALTH FINANCE POLICY SECTOR

1. Receiving & Processing of Appeal/Motion for Reconsideration of HCPs

Process to address the appeals/MRs of health care providers from receipt to issuance of letters of approval or denial

Office:	Accreditation Compliance Review Division_Accreditation Department			
Classification:	Highly Technical			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. HCP file an appeal/Motion for Reconsideration	1. Prepares final agenda for deliberation by the Accreditation Committee	None	3 days prior to conduct of meeting	ACRD-Technical personnel
	2. Distributes agenda folder to members of the Committee	None	2 days prior to conduct of meeting	AD- Admin personnel
	3. Acts as the secretariat for the Accreditation Committee	None	1 day	ACRD-Division Chief/Section Head/Technical staff
	4. Deliberates on the appeals and motions for reconsideration	None	1 day	Accreditation Committee
	5. Recommends policy review / revision	None		External Members- DOH, PMA, PHA, PNA Internal Members- COO, AVPs, QAG, Legal Resource Person- DOH, SMD AD Secretariat
	6. Prepares Minutes of the Accreditation Committee Meeting	None	6 days after the conduct of meeting (for # 6,7,8,9, 10)	ACRD-Technical personnel
	7. Prepares List of Approved/Denied Appeals and MRs Prepares List of Approved/Denied Appeals and MRs	None		ACRD-Technical personnel
	8. Prepares letters of approved/denied appeals and MRs for HCPs	None		ACRD-Technical personnel
	9. Prepares Accreditation Committee Resolutions	None		ACRD-Technical personnel
	10. Routes the Minutes of the meeting, List of Approved / denied appeals/ MR, letters to providers, AC resolution for approval	None		AD-Receiving/Releasing Clerk

	11. Posts in the Accreditation database (iPAS) the final decision on the appeals and MRs of HCPs	None	within 3 working days from receipt of the PCEO- signed List of approved/denied	ACRD-Database Technical personnel
	12. Provides feedback to concerned health care providers and concerned PROs on the decision of the Corporation on the applications for accreditation of HCPs	None	2 days from posting in the database	ACRD-Technical personnel
TOTAL:			18 days	

2. Receiving & Processing of Data Amendment Form (DAF) in the Integrated PhilHealth Accreditation System (iPAS)

Process in managing Accreditation database

Office:	Accreditation Compliance Review Division_Accreditation Department			
Classification:	Simple			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The PRO send DAF with supporting documents to Accreditaion Dept (AD) to post in the iPAS the recommended amendment/ changes in the health care providers records	1. Evaluate the received DAF and supporing documents if compliant to existing policy	None	1 day	ACRD-Database Technical personnel
	2. Post in the iPAS the requested amendment	None	10 minutes	ACRD-Database Technical personnel
	3. The technical staff who execute the posting in the iPAS signs the DAF	None	1 minute	ACRD-Database Technical personnel
	4. The immediate supervisor reviews the correctness of the iPAS posting executed by the technical staff	None	1 day	ACRD-Database Section Head
	5. The immediate supervisor signs the DAF if correct. If not the technical staff will post necessary changes and signs for correction.	None	1 hour	ACRD-Database Section Head

	6. Feedback the concerned PRO through email on the completion of request	None	10 minutes	ACRD-Database Technical personnel
TOTAL			3 days	

3. Processing of Data Amendment Form (DAF) in the Integrated PhilHealth Accreditation System (iPAS)

Process in managing Accreditation database

Office:	Accreditation Compliance Review Division_Accreditation Department			
Classification:	simple			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The PRO Legal Unit sends Return of Writ of Execution to AD, copy of letter with date receipt of health care provider under Temporary Suspension of Payment of Claims (TSPC), DOH sends to AD copy of letter to health care institutions with cease and desist order, new health care institutions contracted as providers of Z benefit packages	1. Evaluate the received documents and prepares DAF	None	1 day	ACRD-Database Technical personnel
	2. Post in the iPAS the amendment in the health care providers profile	None	10 minutes	ACRD-Database Technical personnel
	3. The technical staff who execute the posting in the iPAS signs the DAF	None	1 minute	ACRD-Database Technical personnel
	4. The immediate supervisor reviews the correctness of the iPAS posting executed by the technical staff	None	1 day	ACRD-Database Section Head

	5. The immediate supervisor signs the DAF if correct. If not the technical staff will post necessary changes and signs for correction.	None	1 hour	ACRD-Database Section Head
	6. Feedback the concerned PRO through email on the completion of posing	None	10 minutes	ACRD-Database Technical personnel
TOTAL			3 days	

4. Enhancement of Integrated PhilHealth Accreditation System (iPAS)

Process in managing Accreditation database

Office:	Accreditation Compliance Review Division_Accreditation Department			
Classification:	Highly Technical			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Feedback/ recommendation from PROs re: enhancement of iPAS, new policy that needs enhancement of iPAS	1. Identify the need for system enhancement based on new issuance of policies or from PROs recommendation	None	1 day	ACRD-Database Technical personnel
	2. Draft System Request Form (SRF) and User Requirement Specification (URS).	None	2 days	ACRD-Database Technical personnel
	3. The supervisor and Dept Manager review and approve the SRF and URS	None	1 day	AD-Senior Manager/ACRD-Division Chief
	4. Conduct of Daily Scrum Meeting (DSM) with the developer upon their receipt of the signed SRF/URS.	None	5 days	ACRD-Division Chief/Section Head/Database Technical personnel
	4. Signing of System Requirement Specification (SRF) once reviewed.	None	1 day	ACRD-Database Technical personnel
	5. Conduct of initial testing.	None	3 days	ACRD-Database Technical personnel
	6. Conduct of follow up testing until final testing.	None	3 days	ACRD-Database Technical personnel

	7. Signing of User Acceptance Form (UAF) once reviewed.	None	1 day	ACRD-Database Technical personnel
	8. Wait for feedback on the successful system deployment.	None	3 days	ACRD-Database Technical personnel
TOTAL			20 days	

1. Receiving and Processing of Contracts of HCIs as Z benefit package providers

Managing Contracts of HCIs as Z benefit package providers

Office:	Accreditation Policy Research Development Division_Accreditation Department			
Classification:	highly technical			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. LOI from contracted HCI (1 copy of original Letter of Intent)		1. From HCI		
2. Recommendation from PROs (1 copy of original Memo with Recommendation)		2. From PRO		
3. NBB compliance certificate (1 copy of original Certification)		3. From PRO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Health Care Institution submit LOI for Initial /Renewal	1. AD reviews the recommendation of PRO, CSW and the detailed Co Payment proposal of the HCI	None	3 days	APRDD-Contracting Technical personnel
	2. AD prepares endorsement to BDRD, QAG and HFPS for approval of co pay	None	1 day	APRDD-Contracting Technical personnel
	3. AD drafts contract for Internal Legal Department clearance (as applicable)	None	2 days	APRDD-Contracting Technical personnel
	4. AD facilitates forwarding of the contract with clearance to concerned PRO for HCI signature	None	1 day	APRDD-Contracting Technical personnel
	5. AD receives the contracts with HCIs signature and forward to the office of OPCEO for signature and approval	None	1 day	APRDD-Contracting Technical personnel
	6. AD tags the approved contracts on the accreditation database	None	1 day	APRDD-Contracting Technical personnel
	7. AD facilitates the notarization of the approved contract	None	1 day	APRDD-Contracting Technical personnel

	8. AD prepare transmittal of notarized contract to the concerned HCI and appropriate office	None	1 day	APRDD-Contracting Technical personnel
	9. Contracts mailed to concerned PROs	None	1 day	APRDD-Contracting Technical personnel
TOTAL:			12 days	

2. Policy Development

Process on the development of new/enhanced policy

Office:	Accreditation Policy Research Development Division_Accreditation Department			
Classification:	Highly technical			
Type of Transaction:	G2B			
Who May Avail:	Health Care Providers and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Feedback/recommendation from internal/external stakeholders	1. Development of Policy	None	5 days	APRDD-Division Chief/Section Chief/Technical Staff
	2. Stakeholder's Consultation	None	1 day	APRDD-Technical Staff
	3. Drafting of Policy	None	7 days	APRDD-Division Chief/Section Chief/Technical Staff
	4. Writeshop/ Consultation with PROs	None	1 day	APRDD-Division Chief/Section Chief/Technical Staff
	5. Routing	None	1 day	APRDD-Clerk

	6. Review and Approval	None	1 day	AD-SM/QAG-VP/HFPS-SVP to PCEO
	7. Publication	None	c/o CAG	APRDD-Technical Staff
	8. Development of SOPs	None	2 days	APRDD-Division Chief/Section Chief/Technical Staff
	9. Routing	None	1 day	APRDD-Clerk
	10. Review and Approval	None	1 day	AD-SM/QAG-VP/HFPS-SVP/CAG/ CORPLAN/5 SVPS/OCOO to OPCEO
TOTAL:			20 days	

1. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Office of the Manager_Accreditation Department			
Classification:	Simple			
Type of Transaction:	G2B, G2C, G2G			
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
	4. Prepare the response to inquiry	None	30 minutes	APRDD/ACRD-Technical staff
	5. Draft routed for approval of the Division Chief	None	30 minutes	APRDD/ACRD-Division Chief/Clerk
	6. if with correction return to the concerned personnel for revision, if approved proceed to next step	None	30 minutes	APRDD/ACRD-Clerk/Technical Staff
	7. Route to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary
	8. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager
	9. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	10. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL		2 hours and 2 minutes		

2. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Accreditation Department			
Classification:	Complex			
Type of Transaction:	G2B, G2C, G2G			
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	1 day	APRDD/ACRD-Technical staff
	5. Prepare response to inquiry – takes max of 1 day	None	1 day	APRDD/ACRD-Technical staff
	6. Draft routed for approval of the Division Chief	None	1 hour	APRDD/ACRD-Division Chief/Clerk
	7. if with correction return to the Concerned personnel for revision, if approved proceed to next step	None	1 hour	APRDD/ACRD-Clerk/Technical Staff
	8. Route to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary
	9. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager
	10. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	11. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL:			2 days, 2 hours, 55 minutes	

3. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Accreditation Department			
Classification:	Highly Technical			
Type of Transaction:	G2B, G2C, G2G			
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	2 days	APRDD/ACRD-Technical personnel
	5. Conduct meetings in relation to the inquiry	None	1 day	AD-Senior Manager/APRDD or ACRD-Division Chiefs/Technical staff
	6. Prepare response to inquiry – takes max of 3 day	None	3 days	APRDD/ACRD-Technical personnel
	7. Draft response routed for approval of the Division Chief	None	1 day	APRDD/ACRD-Division Chief/Clerk
	8. if with correction return to the Concerned personnel for revision, if approved proceed to next step	None	1 day	APRDD/ACRD-Clerk/Technical Staff
	9. Revise draft routed to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary
	10. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager
	11. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	12. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL:		8 days, 55 minutes		

1. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Office of the Senior Vice President			
Classification:	Complex			
Type of Transaction:	G2G			
Who May Avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		NONE		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	Receive mail/email inquiry	none	2 minutes	CLERK III OSVP HFPS
	Encoding of document to database	none	30 minutes to 2 hours	Clerk III osvp hfps
	Initial review of document	none	1 day	Social Insurance Assistant I or Executive Assistant IV osvp hfps
	Document to be reviewed by the SVP	none	1 day	Senior Vice President osvp hfps
	Route to concerned staff/office for action	none	1 hour	Clerk III osvp hfps
	Prepare the response to inquiry	none	3 days	SIA I/EA IV/Office under HFPS
	If with correction return to the concerned personnel for revision, if approved proceed to next step	none	1 hour	clerk III osvp hfps
	For approval and signature of the SVP	none	1 day	Senior Vice President osvp HFPS
	Response shall be emailed/mailed to client	none	1 day	Clerk III osvp hfps
2. Send acknowledgment receipt	Expect acknowledgement of receipt of client	none		
TOTAL		7 days		

1. Customer Assistance

Customer Assistance (Check Member's Eligibility, Issue pertinent forms)

Office:	PhilHealth CARES			
Classification:	Simple			
Type of Transaction:	G2C-Government to Client			
Who May Avail:	Clients within the Hospital			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Client Identification/ information		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Log sheet	1. Give the log sheet to the client	None	1- 2 minutes	P-CARES (PhilHealth Customer Assistance, Relations and Empowerment Staff)/ SIA I
2 Verbalize the nature of inquiry.	2. Analyze the nature of client's inquiry	None	1-5 minutes	P-CARES (PhilHealth Customer Assistance, Relations and Empowerment Staff)/ SIA I
3. Provide necessary supporting documents or information in relation to the inquiry (Government Issued Valid ID, Birth certificate, SOA, IEC Materials, BPN, etc)	3. Answer the client or refer to responsible office .	None	1 minute- 5 mins	P-CARES (PhilHealth Customer Assistance, Relations and Empowerment Staff)/ SIA I
TOTAL:		3-12 minutes		

2. Conduct of PhilHealth Patient Exit Survey

Conduct of PhilHealth Patient Exit Survey

Office:	PhilHealth CARES			
Classification:	Simple			
Type of Transaction:	G2C-Government to Client			
Who May Avail:	Clients who availed PhilHealth Benefits			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Client Identification/ information		Client		
Statement of Account (1 original copy)		None		
Proof of Payment (1 Original copy)		None		
PPES Tool (1 original copy)		P-CARES/ SMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client is for discharge.	1. P-CARES seeks permission to conduct PPES	None	1- 2 minutes	P-CARES (PhilHealth Customer Assistance, Relations and Empowerment Staff)/ SIA I
2. Verbalize the willingness to participate in the survey and signs the informed consent	2. Ask client to sign informed consent and conduct the survey proper.	None	5-10 minutes	P-CARES (PhilHealth Customer Assistance, Relations and Empowerment Staff)/ SIA I
TOTAL:			6-12 minutes	

1. P- Malasakit Center Customer Assistance

Check Member's Eligibility and Issue pertinent forms

Office:	PhilHealth Malasakit Center			
Classification:	Simple			
Type of Transaction:	G2C- Government to Client			
Who May Avail:	Clients within the Malasakit Centers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Client Identification/ information		Client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Sign in the Client Log sheet	1. Give the log sheet to the client	None	1- 2 minutes	P-Malasakit Personnel
2. Verbalize the nature of inquiry.	2. Analyze the nature of client's inquiry	None	1-5 minutes	P-Malasakit Personnel
3. Provide necessary supporting documents or information in relation to the inquiry (Government Issued Valid ID, Birth certificate, SOA, IEC Materials, BPN, etc)	3. Answer the client or refer to partner offices	None	1 minute- 5 mins	P-Malasakit Personnel
TOTAL:		3-12 minutes		

EXTERNAL SERVICES

INFORMATION MANAGEMENT SECTOR

1. Processing of Software Certification/ Compliance Request

This service is used to ensure that the requester's system complies with the standard data, transmission and integration requirements provided by the Corporation.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Health Care Institutions, Government Agencies, Other external partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Software Certification Application Form (SCAF)		PhilHealth Website		
One (1) Original Copy of Non-Disclosure Agreement (NDA)		PhilHealth Website		
One (1) Original Copy of Software Certification Agreement (SCA)		PhilHealth Website		
One (1) Original Copy of Software Certification Kit (SCK)		Philhealth Regional Office IT		
One (1) Original Copy of Software Valiation Test Form (SSVTF)		Philhealth Regional Office IT		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Application for Software Certification with attached documents using IT Ticketing System.	1.1 Receive fully accomplished NDA, SCAF and SCA 1.2. Check completion of the supporting documents. 1.3. Set and coordinate schedule of the Software Certification Test.	None	3 working days	Receiving Clerk PRO IT
2. Conduct of the Scheduled Software Certification Test	3.1. Prepare test data for the test. 3.2. Conduct 3 cycles of testing to ensure compliance of the system to the Software Validation Test Form (SSVTF). 3.3. Prepare, finalize and sign-off in teh SSVTF.	None	5 working days	PRO IT
3. System Software Certification Completion	4.1 Receive PRO IT Endorsement with the attached test documents as proof of system compliance 4.2 Prepare Software Certificate / Notice of System Compliance for signature of authorized signatories 4.3 Route the Software Certificate / Notice of System Compliance to authorized signatories 4.4 Register HCI in the Database.	None	12 working days	PRO IT UPECS-EMR Team RVP ITMD Heads CIO PCEO
TOTAL:		20 working days		

2. Registration to PhilHealth Systems and Integration Services

The purpose of this service is to register and enable access to specific PhilHealth systems and/or application programming interface (API) provided by the Corporation.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Simple			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Any external partners with existing MOA/Contract facilitated by a Business Process or Program Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (1 original copy)		IT Helpdesk		
Business and User Requirements (1 original copy)		OSM-ITMD		
Memorandum of Agreement (1 original copy)		Requesting Office		
Data Sharing Agreement (1 original copy)		Requesting Office		
Non-Disclosure Agreement (1 original copy)		Requesting Office		
Application Integration Registration Form (1 original copy)		OSM-ITMD		
Service Terms of Use (1 original copy)		OSM-ITMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Create a ticket request using the IT Ticketing System and attach the scanned documents. Submit all hardcopy document requirements in the Office of the Senior Manager reflecting the ticket number in the Service Request Form.	1.1. Receive and log the request with existing ticket request. Return hardcopy requests for non-existing tickets. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle approved request.	None	5 working days	Division Chief of the IS Management Division

	1.8. Define and document the data formats, layout and standards, transmission requirements, security to be implemented and the input/output parameters.	None	10 working days	Scrum Team ISMD
	1.9. Conduct items no. 2-5 under the #5. SOFTWARE DEVELOPMENT SERVICES	None	23 working days	Scrum Team ISMD
	1.10. Prepare the Interoperability Implementing Guidelines and Specifications, Software Validation Checklist	None	10 working days	Scrum Team ISMD
	1.11. Release of the Interoperability Kit and Confirmation Slip of the Orientation/Meeting Schedule to the external partners and requesting office.	None	3 working days	Scrum Team ISMD
2. Submit the Orientation Confirmation Slip to the OSM-ITMD.	2.1. Conduct the orientation to the external partner/s in coordination to the requesting office. 2.2. Document the conduct of the orientation.	None	5 working day	Scrum Team ISMD
TOTAL:		None	59 working days	

3. Software Development Services

This service facilitates the request for automation of business processes and support to Corporate policies, programs and projects to be developed internally. Activities will be based on the Scrum Methodology where the project deliverables will be subdivided into a 2 week period, hence process from 2-5 will be repeating until completion of the Project.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Any PhilHealth Business Process Units or Program Offices.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (#1 original copy)		IT Helpdesk		
Business User Requirements Document (#1 original copy)		OSM-ITMD		
PhilHealth Circular and Policy Issuances (#1 copy)		Requesting Office		
Corporate Orders and Implementing Guidelines (#1 copy)		Requesting Office		
Standard Operating Procedures (#1 copy)		Requesting Office		
Risk Assessment Certificate (#1 copy)		Risk Management Department		
Updated Prioritized Sector Project List (#1 signed original copy)		Sector of the Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Create a ticket request using the IT Ticketing System and attach the scanned documents. Submit all hardcopy document requirements in the Office of the Senior Manager reflecting the ticket number in the Service Request Form.	1.1. Receive and log the request with existing ticket request. Return hardcopy requests for non-existing tickets. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle approved request.	None	5 working days	Division Chief of the IS Management Division

2. Define all product backlog based on priority.	2.1. Group the defined product backlog into actionable deliverables within the prescribed period. 2.2. Prepare the Project Releases Timeline. 2.3. Prepare the System Requirements Specification for the applicable development period based on sequence of the Project Timeline. 2.4. Release the Project Timeline and SRS to the requesting office for approval.	None	5 working days	Scrum Team
3. Submit the approved the Project Timeline and the System Requirements Specification (SRS) for the initial sprint.	3.1. Conduct Sprint Planning. 3.2. Prepare the Project Journal.	None	3 working days	Scrum Team
4. Participate in the Daily Scrum Meeting	4.1. Conduct the Daily Scrum. 4.2. Conduct the Sprint Review. 4.3. Endorse the developed application for user acceptance test and security assessment compliance. 4.4. Update the Project Journal.	None	10 working days from project start date	Scrum Team ISMD
5. Submit the completely signed System Acceptance Form (SAF).	5.1. Prepare for the deployment documentations. 5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department. 5.3. Conduct Sprint Retrospective. 5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test	None	5 working days	Scrum Team ISMD

Repeat processes from 2-5 until all project deliverables has been completed.

TOTAL: **31 working days per project iteration**

4. Support Management Services

The service involves the processing or resolution of incidents, complaints, inquiries and issues reported by internal and external users of PhilHealth systems.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Internal or external users of PhilHealth Systems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A detailed description of incidents, complaints, inquiries and issues (#1 original copy)		PhilHealth System Users		
Screenshot of incidents, complaints, inquiries and issues (#1 original copy)		PhilHealth System Users		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
External User: 1. Create a ticket indicating the detailed description and screenshots of incidents, complaints, inquiries and issues via the PhilHealth Ticketing System at URL?	1.1. Acknowledge receipt of the incidents, complaints, inquiries and issues 1.2 Endorse the incidents, complaints, inquiries and issues to the concerned scrum team.	None	3 working days	UPECS-EMR
Internal User: 1. Email the detailed description and screenshots of incidents, complaints, inquiries and issues to IT Helpdesk Unit (ithelpdesk@philhealth.gov.ph)	1.1. Acknowledge receipt of the incidents, complaints, inquiries and issues 1.2 Endorse the incidents, complaints, inquiries and issues to the concerned office/team.			IT Helpdesk
	1.3. Evaluate the incidents, complaints, inquiries and issues	None	1-3 working days (simple) 4-7 working days (moderate) 8-20 working days (complex)	Concerned Scrum Team
	1.4. Provide feedback or resolution to the UPECS-EMR team or escalate issues to concerned office.	None	1 working day	Concerned Scrum Team
	1.5. Provide feedback or resolution to the reporting user	None	1 working day	UPECS-EMR
TOTAL:		6 working days (simple) 10 working days (moderate) 22 working days (complex)		

5. System Integration and Data Sharing Services

This facilitates the request for system integration and/or data sharing requests received from other external partners.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Health Care Institutions, Government Agencies, Other external partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (#1 original copy)		IT Helpdesk		
Business User Requirements Document (#1 original copy)		Requesting Office		
PhilHealth Circular and Policy Issuances (#1 copy)		Requesting Office		
Corporate Orders and Implementing Guidelines (#1 copy)		Requesting Office		
Standard Operating Procedures (#1 copy)		Requesting Office		
Risk Assessment Certificate (#1 copy)		Requesting Office		
Updated Prioritized Sector Project List (#1 signed original copy)		Sector of the Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all document requirements in the Office of the Senior Manager, IT Management Department.	1.1. Receive and log the request. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle approved request.	None	5 working days	Division Chief of the IS Management Division
2. Define all product backlog based on priority.	2.1. Group the defined product backlog into actionable deliverables within the prescribed period. 2.2. Prepare the Project Releases Timeline. 2.3. Prepare the System Requirements Specification for the applicable development period based on sequence of the Project Timeline. 2.4. Release the Project Timeline and SRS to the requesting office for approval.	None	5 working days	Scrum Team

3. Submit the approved the Project Timeline and the System Requirements Specification (SRS) for the initial sprint.	3.1. Conduct Sprint Planning. 3.2. Prepare the Project Journal.	None	3 working days	Scrum Team
4. Participate in the Daily Scrum Meeting	4.1. Conduct the Daily Scrum. 4.2. Conduct the Sprint Review. 4.3. Endorse the developed application for user acceptance test and security assessment compliance. 4.4. Update the Project Journal.	None	10 working days	Scrum Team
5. Submit the completely signed System Acceptance Form (SAF).	5.1. Prepare for the deployment documentations. 5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department. 5.3. Conduct Sprint Retrospective. 5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test	None	5 working days	Scrum Team
Repeat processes from 2-5 until all project deliverables has been completed.				
TOTAL:			31 working days	

1. External Collaboration

Collaborate with external agencies (Government and Non-government) the request received for Projects within the sector. Inter-organizational collaboration such as to: mutually achieve goals, share information, resources, and responsibilities, as well as make joint decisions and solve problems.

Office:	Project Management Office - PhilHealth Identity Management System (PMO-PIMS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government, G2B - Government to Business			
Who May Avail:	External Agencies / External Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Letter (1 Original copy or digital copy)		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter	1.1 Receive and identify request	None	10 mins	SIA II PMO-PIMS
	1.2 Evaluate and process the request letter	None	20 mins	SIO II PMO-PIMS
	1.3 Provide further instructions	None	1 day	Senior Manager PMO-PIMS
	1.4 Coordinate with other PhilHealth offices involve	None	3 days	SIO II PMO-PIMS
	1.5 Prepare response letter	None	1 day	SIO II, Senior Manager PMO-PIMS
2. Receive response letter		None		
TOTAL:		None	5 days and 30 minutes	

1. Conduct of Fact-Finding Investigation

Perform claims validation through domiciliary visits and health care provider inspection, to verify from members the authenticity (and quality) of benefits and services provided by a health care provider.

Office/Division:	Fact-Finding Investigation and Enforcement Department - Investigation and Enforcement Division			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government; G2C – Government to Citizen			
Who May Avail:	PRO Legal Offices, Other Government Agencies such as Presidential Anti-Corruption Commission, any Individual			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Original Copy or CTC of the original documents, hard copy (1 copy)		PhilHealth Regional Office – Legal Office		
Original copy of the Salaysay (1 copy)		Fact-Finding Investigation and Enforcement Department		
Report or letter-recommending/requesting the conduct of investigation (emailed request or transmitted hard copy) (1 copy)		PRO Legal Offices, Other Government Agencies such as Presidential Anti-Corruption Commission, any Individual		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.For walk-in clients: File a complaint at the Fact-Finding Investigation and Enforcement Department or PhilHealth Regional Office -Legal Office (refer to Processing of Complaints Filed by Walk-in Clients)	1.1. Receive the complaint or report for investigation	None	10 minutes	Administrative personnel, Fact-Finding Investigation And Enforcement Department
2. Endorse the report to the FFIED (through email or forward/ transmit hard copy of the report)	2.1 Acknowledge receipt of emailed transaction.	None	30 minutes	Administrative personnel, Fact-Finding Investigation And Enforcement Department
None	2.2. Coordinate with agency, acknowledging receipt of hard copy of report.	None	1 hour and 30 minutes	"Administrative personnel, Fact-Finding Investigation And Enforcement Department"
None	2.3 Record in transaction recording system or Legal Case Management System	None	30 minutes	"Administrative personnel, Fact-Finding Investigation And Enforcement Department"

None	2.4 Evaluate complaint/report	None	within 60 days (RA 7875 as amended, Title VIII, Rule II, Section 84. Complaints filed before FFIED, Item B.)	Department Manager/Division Chief, Fact-Finding Investigation And Enforcement Department
None	2.5 Assign complaint/report to an investigator	None		Department Manager/Division Chief, Fact-Finding Investigation And Enforcement Department
None	2.6 Prepare documents necessary in the conduct of fact-finding investigation	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.7 Secure Official Business or Travel Order	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.8 Prepare cash advance, if necessary	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.9 Perform the investigation and validation of claims through domiciliary visitation to members or health care provider inspection	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.10 Evaluate documents gathered	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.11 Prepare and submit fact-finding investigation report	None		Investigator, Fact-Finding Investigation And Enforcement Department
None	2.12. Secure medical evaluation to substantiate the report, if necessary	None		Investigator, Fact-Finding Investigation And Enforcement Department

None	2.13 File complaint affidavit if there is prima facie evidence of violation	None	within 10 days from the issuance of fact-finding investigation report (RA 7875 as amended, Title VIII Rule II, Section 84. Complaints filed before FFIED, Item C)	Investigator, Fact-Finding Investigation And Enforcement Department
None	2.15 Forward complaint to Prosecution Department	None		Administrative personnel, Fact-Finding Investigation And Enforcement Department
Total:		None	70 days, 2 hours and 40 minutes	

(RA 7875 as amended, Title VIII, Rule II, Section 84. Complaints filed before FFIED, Item B.)

(RA 7875 as amended, Rule II, Section 84. Complaints filed before FFIED, Item C)

2. Processing of Complaints from Walk-In Clients

Attending to the complaints filed by walk-in clients by Fact-Finding Investigation and Enforcement Department.

Office/Division:	Fact-Finding Investigation and Enforcement Department - Investigation and Enforcement Division			
Classification:	Simple			
Type of Transaction:	G2C – Government to Client			
Who May Avail:	All			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Documentary evidence that may serve as reference/attachments in the complaint (such as certified true copy of the original benefit payment notice, billing statements and receipts) (1 copy)		Walk-in client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Coordinate with the department's front desk/receiving personnel	1.1 Receiving personnel to attend to the concern of the client	None	5 mins	Administrative personnel, Investigation and Enforcement Division
None	1.2 Coordinate with an Investigator to accommodate the complainant	None	10 minutes	Administrative personnel, Investigation and Enforcement Division
None	1.3 Prepare documents necessary in the interview (i.e. Domiciliary Visit Undertaking or Salaysay Form)	None	15 minutes	Investigator, Investigation and Enforcement Division
2. Discuss/detail the circumstances	2.1 Conduct the interview on the client	None	2 hours	Investigator, Investigation and Enforcement Division
None	2.2 Record the discussion in the Salaysay Form	None		Investigator, Investigation and Enforcement Division
None	2.3 Finalize the discussion with the client	None		Investigator, Investigation and Enforcement Division
None	2.4 Secure approval by signing the Salaysay form by both parties (investigator and client, and an administering officer)	None		Investigator, Investigation and Enforcement Division

3. Provide document/evidence asked by the Investigator (based on discussion)	3.1 Secure certified true copies of documents from the client to substantiate the complaint	None	30 minutes	Investigator, Investigation and Enforcement Division
None	3.2 Record the transaction with client and receipt of the documents through record logbook	None	5 minutes	Investigator, Investigation and Enforcement Division
None	4.1. Evaluate documents to recommend conduct of investigation, if warranted	None	1 hour	Investigator, Investigation and Enforcement Division
Total:		None	4 hours and 28 mins	

1. Resolution of Appeals on denied or reduced benefit claims filed by the member and hospital appellant.

The decisions or notices of the PROs may be appealed by the aggrieved health care provider or member in writing to the PARD within fifteen (15) days from receipt of such decisions or notices. The PARD may adopt, modify or reject the decisions or notices of the PRO on protests in whole or in part. Forthwith, the PARD shall issue an order resolving the appeals, as far as practicable, within a period of thirty (30) days from receipt of the appeal, citing the facts and the law or rules on which the same is based. The order of the PARD shall be final and executory.

Office/Division:	Protests and Appeals Review Department (PARD)		
Classification:	Highly Technical		
Type of Transaction:	G2C - Government to Citizen; G2G - Government to Government		
Who May Avail:	PhilHealth member and Healthcare Provider availing the benefit claim		
CHECKLIST OF REQUIREMENT		WHERE TO SECURE	
Standard Requirements	Situational Requirements	Standard Requirements	Situational Requirements
1. Letter-appeal (1 Original copy)	1. CF3,CF4 if applicable (1 original copy)	1. Written by the appellant (either Member, Dependent, Institution or Professional)	1. Healthcare Provider
2. MR/Order letter-denial (1 Original Copy)	2. MDR (1 original copy)	2. PRO CRC	2. any PhilHealth office
3. PRO Letter-denial (1 Original Copy)	3. Medical/Clinical Records & documents (1 certified photocopy)	3. PRO BAS	3. Healthcare Provider
4. CF1, CF2, CSF (1 Original Copy)		4. Healthcare Provider and Company filled out	4. Healthcare Provider
5. SOA/Cost of services rendered (1 Original copy)	4. Doctors Orders/Nurses Notes (1 certified photocopy)	5. Healthcare Provider	5. Healthcare Provider
6. PBEF (1 Original copy)	5. Hospital Cert of Eligibility/ Accreditation (1 certified photocopy)	6. Healthcare Provider - PhilHealth Section	6. Healthcare Provider
7. Validation Report (1 Original copy)	6. Pre-cataract surgery authorization (1 original copy)	7. Healthcare Provider	7. Member
8. Waiver for members claim (1 original copy)	7. PHIC Official Receipts/ Bank/ Bayad Centers (1 original copy)	8. Healthcare Provider	8. BIR, Post Office, DFA, PSA, LTO, SSS, GSIS, Pag-Ibig
None	8. Government Issued Identification Card of the member and/or dependent (1 certified photocopy)	None	9. Healthcare Provider, other government institutions

None		9. Other pertinent medical and legal documents as may be required	None		10. Healthcare Provider, other government institutions
CLIENT STEPS		AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The Appellant files his/her appeal, including all original claim documents to PARD either by personally submitting his/her appeal or thru registered mail/ private courier.		1.1 Receipt of the appeal and validate the completeness of all attached documents by the Admin Staff	None	2 days/50 appeal claims	Receiving Clerk - Admin Support Section
None		1.2 Stamp date of receipt of the appeal	None	1 day/50 appeal claims	Receiving Clerk - Admin Support Section
None		1.3 Assign docket number and encode in the database	None	2 days/50 appeal claims	Administrative Service Assistant C- Admin Support Section
None		1.4 Preparation of the transmittal of docketed appeal and forward it including its supporting documents to Medical Review Division for medical review and evaluation and Legal Division for legal review and drafting of resolution.	None	1 day/50 appeal claims	Administrative Service Assistant C/Administrative Officer II/Social Insurance Specialist- Admin Support Section
None		1.5 Receive, encode and assign the docketed appeal claim to Medical Officers for medical evaluation	None	3 days/50 claims	Administrative Service Assistant C - Medical Review Division
None		1.6 Medical Evaluation/Assessment of each appealed claim	None	10 days/ 50 claims	Medical Specialists - Medical Review Division
None		1.7 Prepare and issue Letter of Deficiency, if additional medical record is needed to support the claim	None	5 days/5 RTH claims	Administrative Service Assistant C - Medical Review Division
None		1.8 Prepare the Medical Evaluation Report with recommendation	None	5 days/50 claims	Medical Specialists - Medical Review Division
None		1.9 Approval of the Medical Evaluation Report by the Division Chief of the Medical Review Division	None	7 days/50 claims	Division Chief, Medical Review Division
None		1.10 Forward appeal with approved medical evaluation report and supporting documents to Legal Division for legal review and the drafting of Resolution . Prepare the transmittal.	None	3 days/50 claims	Administrative Service Assistant C - Medical Review Division

None	1.11 Receive, encode, update database and assign the appealed claim to Attorney V/Legal Researchers	None	3 days/50 claims	Clerk III - Legal Support Division
None	1.12 Legal review, validation, preparation and drafting of Resolution with recommendations	None	12 1/2 days/50 claims	Legal Researchers - Legal Support Division
None	1.13 Review and recommend the approval of the draft Resolution to the SM	None	7 days/50 claims	Division Chief - Legal Support Division
None	1.14 Preparation of transmittal/annex, check completeness and forward draft Resolution to the Senior Manager for review, comment and approval of Resolution along with its recommendation.	None	6 days/50 claims	Clerk III - Legal Support Division
None	1.15 Receive, encode in the database and forward to Senior Manager for review, comment and approval	None	1 day/50 appeal claims	Administrative Service Assistant C - Admin Support Section
None	1.16 Review and approval of the Senior Manager (includes return to the Legal Division for revisions of the Resolution)	None	Legal division (14 days/50 claims-receipt of reso, revision by LR, Review of DC) Senior Manager - 3 days (if no meetings)	Legal Researchers - Legal Support Division, Division Chief for LSD and Senior Manager Protests and Appeals Review Department (PARD)
None	1.17 For signature by the authorized Officers the Final Resolution	None	Legal Division 2 days/50 claims Medical Division 10 minutes; Senior Manager 2 days (if no meetings)	Division Chief for LSD, Division Chief for MRD & Senior Manager - Protests and Appeals Review Department (PARD)
None	1.18 Forward duly signed Resolution and claim documents to the Admin for scanning, preparation of mailing transmittal and mailing of documents to the concerned parties.	None	3 days/50 appeal claims	Administrative Service Assistant C- Admin Support Section
None	1.19 Update PARD database on the status of the appeal		1 day/50 appeal claims	Administrative Service Assistant C - Admin Support Section
Total:		None	91 days, 4 hrs and 10 mins	

* Within thirty (30) days as far as practicable, as provided under the Revised Implementing Rules and Regulations (RIRR) of RA 7875 (National Health Insurance Act of 2013) as amended by RA 9241 and 10606

1. Coordinate EXTERNAL Events / Activities

Coordination with clients to accomplish the objectives of the EXTERNAL events / activities.

Office/Division:	Member Management Group (All Departments)	
Classification:	G2G – Government to Government G2C – Government to Transacting Public G2B – Government to Transacting Business Entity	
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
Who May Avail:	Concerned EXTERNAL CLIENTS pertinent to the Employed, Senior Citizens, Lifetime Members Program, OWP, Non-poor, NHTS, or PAMANA segments. To wit: Officers and personnel of the Central Office, PhilHealth Regional and Local Health Insurance Offices.	
CHECKLIST OF REQUIREMENT		WHERE TO SECURE
One (1) Original and duly accomplished: - Approved CPO - TOR of the Lease of Venue - Estimated Expenses - Project Proposal - DRAR - Matrix of Canvass - Purchase Request - Table of Rating Factors - Certificate of No.Gov.Facility		End-user/Business Process Owner (BPO)
- Request for Quotations or Proposals (RFQ or RFP)		From End-user to Supplier/Hotel Provider
- Approved ABC		From End-user to Comptrollership to FMS
- Memo to SBAC		End-user to SBAC
- BAC-GS Resolution - NOA/NTP - Approved Contract - Proof of Posting to the - PhilGeps		From SBAC to End-user/BPO
- Approved Contract - Attendance Sheet		From End-user to Hotel to SBAC

<ul style="list-style-type: none"> - Programme - Certificate of Attendance and Appearances 		End-user/BPO		
<ul style="list-style-type: none"> - Presentation - After Travel Report - Memo to COO 				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for External Meetings / Participation to Events or Activities	1.1. Prepare and ensure approval of Corporate Personnel Order (CPO) with duly accomplished attachments (e.g., Estimated Budgetary Expenses, Terms of Reference of the Lease of Venue, and Project Proposal of the event)	None	5 working days or more.	Admin and Technical and Officers of the department. 1-3 Team members
	1.2. Upon approval by the SM of the draft CPO and its attachments, the personnel in-charge to the event makes a DRAR for routing to the concerned officers for their further review, inputs and recommendations for the approval by President & CEO.		5 working days or more.	
	1.3. Upon approval by the PCEO, Request for Quotations or Proposals (RFQ or RFP) for canvassing from at least 3 suppliers will ensue.		1 working day(s)	
	1.4. Conduct ocular visits on the supplier's proposed venue. And select the most advantageous quotation with conducive venue for the selection of the lowest calculated responsive quotation. "		2 working day(s)	
	1.5. Prepare all procurement documentation requirements for review and approval by the SM.		1 working day	
	1.6. Upon approval by the SM, prepare the Approved Budget for Contract (ABC) and attach all pertinent documents.		1 working day	

1. Request for External Meetings / Participation to Events or Activities	1.7. Upon signing of the ABC by the SM, attach Budget Expense Form (BEF) and forward the documents to the EA for encoding to the DTS logbook Excel of the EA and forward to Admin & Record Unit Staff of the FS to log/encode to the Outgoing Excel DTS Logbook and forward to Budget Administration Sections (BAS) for processing of documents.		1 working day	Admin and Technical and Officers of the department. 1-3 Team members
	1.8. Upon signing of the Approved ABC, prepare memorandum address to the Head of SBAC and attach all documentary requirements 14 days before the event.		1 working day	
	1.9. Make follow ups with SBAC on the schedule of meeting for approval of BAC-GS Committee for the Lease of Venue.		1 working day	
	1.10. Upon approval of the Lease of Venue by the BAC-GS Committee, the BAC-GS Resolution, Notice of Award (NOA) & Notice to Proceed (NTP) are then endorsed to the Office of the President for signing by the President & CEO		2 working day(s) in consideration with the availability of the PCEO to review and sign the documents.	
Total:		None	20 working days	1-3 Team members

2. Evaluation of Billing Documents by the Head Collection Division

Billing the National Government for PhilHealth Subsidies

Office/Division:	Member Management Group (All Departments)			
Classification:	Complex			
Type of Transaction:	G2G– Government to Government			
Who May Avail:	Concerned Internal /External CLIENTS of the Member Management Group, to wit: Officers and personnel of the Central Office, Regional / Branch Offices and Stakeholders			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
One original copy of documents for evaluation (Memo, Issuances and/or policies, reports and other correspondences.		Concerned offices (internal and external clients)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Incoming documents for Billing from MMG Segment Offices	1.1 Log Billing document and assign control		1 day	Clerk III
	1.2 Forward received documents to concerned collection staff for billing preparation.			2 Collection staff
2. Outgoing Documents to MMG offices and/or other concerned offices	2.1 Forward Billing letters to VP-MMG for signature	None	1 day	Clerk III
	2.2 Forward signed Billing letters to FMS, COO, PCEO for approval and signature	None	3 days	
	2.3 Received signed Billing from OP for MMG action	None	1 day	
	2.4 Log signed billing and forward to DBM	None		

3. Follow-ups/Pick-up of DBM Billings/ Releases	3.1. Follow-up Billing Status by coordinating with DBM staff for release of SARO/NCA	None	1 day	Collecton Staff of OSD
	3.2 Prepare OBS and reserve Vehicle for pick-up of SARO/NCA Releases from DBM	None		Clerk III
	3.3 Pick-up SARO/NCA releases to DBM	None		
Total:		None	7 days	

3. Evaluation of Received Documents for Review/Action and Approval of Collection Head

Evaluate of received documents within MMG and /or from different offices, for review/action and approval.

Office/Division:	Member Management Group (All Departments)			
Classification:	Complex			
Type of Transaction:	G2G– Government to Government			
Who May Avail:	Concerned Internal /External CLIENTS of the Member Management Group, to wit: - Officers and personnel of the Central Office, Regional / Branch Offices and Stakeholders			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
One original copy of documents for evaluation (Memo, Issuances and/or policies, reports and other correspondences.		Concerned offices (internal and external clients)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Endorsement of Documents within MMG offices and/or from other offices for appropriate action	1. Receive endorsed documents (Memos, Policies, Reports, Correspondence, URS/SRF, JOROS, Systems Access/Clearance etc.)	None	1 day	
	1.1. Log the document and Assign control number			Clerk III of concerned Offices
	1.2. Forward received documents to Collection Head for instruction			Collection Head
	1.3. Log the document to note the instruction of the Collection Head			8 staff for Admin, Budget, Philhealth Express, Collection, Systems and Policy concerns
	1.4 Forward documents to concerned staff for actions			
	1. Forward acted memos, policies, reports correspondence etc. to concerned offices for information and/or actions.		1 day	Clerk III of OSD

1. Endorsement of Documents within MMG offices and/or from other offices for appropriate action	2. Forward URS & JOROS requests to ITMD for action		1 day	Clerk III of OSD
	3. Forward request for data extractions to TFI for action		1 day	Collection Head and / or Collection Staff
	4. Forward Monthly Collection Reports to concerned offices in the Head Office and also to PROs and Branch Offices via email		1 day	
	3. Responses Memoranda/Policies/Reports ect.		2 working days	7 staff both Technical and Non-Technical
	3.1 Preparation of responses for queries/ comments ect.			
Total:		None	7 working days	

4. Formulation and Development of Programs / Policies and Activities pertinent to membership and contributions.

Formulation and Development of Programs / Policies and Activities pertinent to membership and contributions of PhilHealth members under the Employed, Senior Citizens, Lifetime Members Program, OWP, Non-poor, NHTS, or PAMANA segments.

Office/Division:	Member Management Group (All Departments)			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government G2C – Government to Transacting Public G2B – Government to Transacting Business Entity			
Who May Avail:	Concerned Internal and External Stakeholders in the Employed, Senior Citizens, Lifetime Members Program, OWP, Non-poor, NHTS, or PAMANA segments. To wit: - PhilHealth Board and Executive Committee; - PhilHealth Regional and Local Health Insurance Offices - Private and Public Offices and Agencies			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
One (1) Original and duly accomplished:				
- Memorandum or Report for policy formulation or enhancements;		To be provided by clients		
- Form "A": Policy Proposal Request Form - Form "B": Policy Routing Slip - Form "C": PhilHealth Policy Review Checklist - Form "D": Summary of Policy Comments - Form "E": Meeting Summary		CorPlan, MMG Segments or through: www.tinyurl/policydocs		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request or suggestion for policy development or enhancement of exiting policy	1. Conducts the necessary "Completed Staff Work" as part of the formulation and development of policy / programs / activities, as follows:	None		Technical and Managerial Officers of MMG
	1.1. Identification of the Issue;		* 22 working days	5 to 7 Technical Staff of MMG to design the proposed policy, program or activity
	1.2. Establish Work Process;			
	1.3. Collect and Analyze Data;			

1. Request or suggestion for policy development or enhancement of exiting policy	1.4. Develop and Assess Options;	None	5 working days	5 to 7 Technical Staff of MMG to design the proposed policy, program or activity
	1.5. Recommendations and Draft Reports for Stakeholders Consensus;		3 working days	
	1.6. Obtain Decision Maker (Board or ExeCom) Approval;		2 working days	VP of MMG
	1.7. Implement Approved Decision through issuance of PhilHealth Circulars or Corporate Orders; preparation and execution of Communication and Operational Plans;			Technical Staff of MMG, the Management and the PROs
	1.7.1. Drafting of PC or CO		5 working days	Technical Staff of MMG
	1.7.2. Email Routing of the Draft Policy to PROs for Comments and Inputs		5 working days	Technical Staff of MMG and PROs
	1.7.3. Securing Risk Assessment Certification from PMT-Risk		5 working days	Technical Staff of MMG and PMT Risk
	1.7.4. Securing Legal Certification from Legal Sector		5 working days	Technical Staff of MMG and Legal
	1.7.5. Securing IT Support System Readiness Certification from Information Management Sector		5 working days	Technical Staff of MMG and IMS
	1.7.6. Document Review and Approval (DRAR) Process		25 working days (5 days average for each concerned Offices to review)	Concerned Offices of the ExeCom (e.g., OCIO, FMS, CAG, HFPS, OCOO, Actuary and PMT RISK, etc.)
	1.7.7. Signing of the PC or CO by the PCEO		5 working days	PCEO
	1.7.8. Preparation of Communication and Operational Plans		5 working days	Technical Staff of MMG
	1.7.9. Execution of Communication and Operational Plans		2 working days;	Technical Staff of MMG / Operation Units
	1.7.10. Publication to Newspaper		2 working days;	Personnel of CAG and Records

1. Request or suggestion for policy development or enhancement of exiting policy	1.8. Monitor and Evaluate implementation	None	**132 working days	Technical Staff of MMG and the Management
Total:		None	228 working days (10 months)	5 to 7 Technical & the Management

* This is the very important part of the process. Appropriate amount of time is spent as deemed necessary to ensure quality of work.

** M&E is used to track changes in the implementation or performance of the adopted policy over time. Its purpose is to permit stakeholders to make informed decisions regarding the effectiveness and efficiency of the option/alternative adopted.

1. Adjustment, Correction and Deletion of Premium Contribution (Walk-in and Through E-mail)

This service allows adjustment, correction and deletion of premium contribution (as the need arises)

Office/Division:	Member Management Group (OFP)			
Classification:	Complex			
Type of Transaction:	G2C- Government to Citizen G2B- Government to Business Entity			
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
"1 original copy of duly accomplished DARF 1 photocopy of Official Receipt or any proof of payment (to be submitted) At least 1 photocopy of valid ID of the member (to be submitted) Additional requirements if through representative: 1 original copy of Authorization letter from member At least 1 original of valid ID of representative (to be presented) At least 1 photocopy of valid ID of member (to be submitted)"		Any PhilHealth Office		
1 scanned copy of duly accomplished DARF 1 scanned copy of Official Receipt or any proof of payment At least 1 scanned copy of valid ID of the member Additional requirements if through representative: 1 scanned copy of Authorization letter from member At least 1 scanned copy of valid ID of representative At least 1 scanned copy of valid ID of member		Through e-mail		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The member shall submit the required documents for walk-in.	1.1 Print/Receive the required documents and check for completeness.	None	Walk-in: 5 minutes per DARF 7 days if under PRO jurisdiction (to be endorsed to concerned PROs)	Social Insurance Assistant I, OFP Supervisor
	1.2 Endorse the documents to the concerned PRO.			

1. The member shall submit the required documents for walk-in.	1.3 Checks for the correctness of the data.	None	Email: depends on the number of e-mails received 5 minutes per DARF 7 days if under PRO jurisdiction (to be endorsed to concerned PROs)	Social Insurance Assistant I, OFP Supervisor
	1.4 Issue the Member Data Record.			
2. Make sure to secure a copy of the MDR.				
Total:		None	5 minutes (walk-in); 7 days if under PRO jurisdiction	

2. Amendment of Member Data Record (Walk-in and through e-mail)

This service allows amendment of member's data information.

Office/Division:	Member Management Group (OFP)		
Classification:	Simple		
Type of Transaction:	G2C- Government to Citizen G2B- Government to Business Entity		
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship		
CHECKLIST OF REQUIREMENT		WHERE TO SECURE	
<p>Case-to-case basis but not limited to the following supporting documents may be required from the applicant/s</p> <p>To correct/ add dependents, Submit 1 photo copy (walk-in)/ scanned copy (e-mail) of any of the following: Marriage Contract for legal spouse Birth Certificate or proof of adoption or guardianship (children below 21 years old) Birth Certificate of the parents and the member to establish relationship with each other</p> <p>To amend civil status, Submit 1 photo copy (walk-in)/ scanned copy (e-mail) of any of the following: Marriage contract (Married) Death Certificate (widowed) Legal documents to prove that marriage is nulled, voided or legally separated</p> <p>Additional requirements if through representative 1 original (walk-in)/ scanned copy (e-mail) of Authorization letter from member At least 1 photo copy (walk-in)/ scanned copy (e-mail) of valid ID of member (to be presented) 1 original copy (walk-in)/ scanned copy (e-mail) of valid ID of a representative</p> <p>1 original copy (walk-in)/ scanned copy (e-mail) of PhilHealth Form (PMRF)</p>		<p>Any PhilHealth Office Through e-mail</p>	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(Walk-in) 1. The member shall submit the required documents for walk-in or e-mail.	1.1. Assigned staff shall check for the completeness documents submitted and shall prompt client for any missing requirements.	None	Walk-in 5 minutes per PMRF	Social Insurance Assistant I, OFP
	1.2.Assigned staff shall provide amended MDR upon confirmation from the client that all data information is correct.		5 minutes	
2. Check correctness of data.			Email 1-3 days (depends on the number of e-mails received)	
3. Make sure to secure a copy of the MDR.				
Total:		None	10 mins for walk-in 1-3 days (depends on the number of e-mails received for email)	

3. Enrolment Procedures (Walk-in and Through E-mail)

This service allows initial registration and enrolment to the National Health Insurance Program.

Office/Division:	Member Management Group (OFP)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who May Avail:	Land-based Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 photocopy of Proof of Income *For declaration of dependents see separate section on Declaration of Dependents 1 Original copy of PhilHealth Form: PMRF At least 1 photocopy of valid ID of member (to be submitted) 1 original copy of valid ID of member (to be presented) *Additional requirements if through representative 1 Original copy of Authorization letter from member 1 original copy of valid ID of representative (to be presented) At least 1 photo copy of valid ID of member (to be submitted)		Any PhilHealth Office		
At least 1 scanned copy valid ID of member 1 scanned copy of Proof of Income *For declaration of dependents see separate section on Declaration of Dependents 1 scanned copy of PhilHealth Form: PMRF *Additional requirements if through representative 1 scanned copy of Authorization letter from member 1 scanned copy of valid ID of representative		Through e-mail		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(Walk-in) 1. Present a copy of any valid ID of the member and any proof of income. If through a representative, representative shall submit authorization letter and a photo copy of the member's valid ID.	(Walk-in) 1.1. Upon receipt of requirements, assigned staff shall verify record (if any).	No service fee (if registration only)	Walk-in 5 minutes per PMRF	Social Insurance Assistant I, OFP
	1.2. Assigned staff shall provide premium contribution for OFWs.	Computed Premium contribution for OFWs (if with premium payment)	5 minutes	

2. Member shall pay computed premium contribution at any accredited collecting agents.		No service fee (if registration only)	5 minutes	Social Insurance Assistant I, OFP
(E-mail) 3. Client shall send through e-mail a copy of duly accomplished PMRF and proof of income.	(E-mail) 3.1. Assigned staff shall verify the record upon receipt.	Computed Premium contribution for OFWs (if with premium payment)	No service fee (if registration only)	
4. Member shall pay computed premium contribution at any accredited collecting agents.	3.2. Assigned staff shall provide premium contribution for OFWs.		Computed Premium contribution for OFWs (if with premium payment)	
Total:		None (if registration only) Computed Premium contribution for OFWs (if with premium payment)	10 mins for walk-in 1-3 days (depends on the number of e-mails received for email)	

4. Handling of Inquiries: Guidelines on Membership, Contribution and Benefit Availment and Claims Concerns

This service responds to member inquiries on the following but not limited to Membership, Contribution, Benefit Availment and Claims Concerns.

Office/Division:	Member Management Group (OFP)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen G2B- Government to Business Entity			
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 original copy of transaction slip		Walk-in		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. (Through E-mail) Send message their inquiries on Membership, Contribution, Benefit Availment and Claims Concerns.	1.1. Receives the inquiry and asks follow-up questions for verification if needed.	None	Email 3 days (depends on the number of e-mails received)	Social Insurance Assistant I, OFP
	1.2 Responds to client inquiries.			
2. (Through Walk-in) Fill up Transaction Slip and write the inquiries.	2.1.Receives the inquiry and asks follow-up questions for verification if needed.		Walk-in 3-10 minutes per client	
	2.2. Respond to client inquiries.			
3. (Through Phone) Inquires via phone call re: Membership, Contribution, Benefit Availment and Claims Concerns.	3.1. Receives the inquiry and asks follow-up questions for verification if needed.		Phone 3-10 minutes per client	
	3.2 Responds to client inquiries.			
Total:		None	3 days (e-mail); 3-10 minutes (walk-in/ phone)	

5. Issuance of PhilHealth ID (Walk-in)

This service allows client's request for a copy of their PhilHealth IDs.

Office/Division:	Member Management Group (OFP)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 Original copy of Transaction Slip At least 1 original copy of valid ID of member (to be presented) *Additional requirements if through representative 1 Original copy of Authorization letter from member 1 original copy of valid ID of representative (to be presented) At least 1 photo copy of valid ID of member (to be submitted)		Any PhilHealth Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(Walk-in) 1. Fill-out transaction Slip.	(Walk-in) 1.1. Upon receipt of transaction slip, or a valid authorization letter (if through a representative), assigned staff shall verify PIN.	None	2 minutes	Social Insurance Assistant I, OFP
2. Present a copy of any valid ID of the member. If through a representative, representative shall submit authorization letter and a photo copy of the member's valid ID.	1.2. Assigned staff shall provide a copy of the PhilHealth ID to the client.		3 minutes per transaction	
3. Make sure to secure a copy of the PhilHealth ID issued.				
Total:		None	5 mins	

6. Issuance of Member Data Record (Walk-in and Through E-mail)

This service allows client's request for a copy of their Member Data Record.

Office/Division:	Member Management Group (OFP)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen G2B- Government to Business Entity			
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 original Transaction Slip At least 1 original valid ID of member (to be presented) *Additional requirements if through representative 1 Original copy of Authorization letter from member 1 original copy of valid ID of representative (to be presented) At least 1 photo copy of valid ID of member (to be submitted)		Any PhilHealth Office		
Request and provide the following member information: Last Name, First Name, Middle Name Date of Birth Place of Birth Address At least 1 scanned copy of valid ID of member Additional requirements if through representative 1 scanned copy of Authorization letter from member At least 1 scanned copy of valid ID of representative		Through e-mail		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(Walk-in) 1. The member shall submit documents for walk-in.	(Walk-in) 1.1. Upon receipt of transaction slip, or a valid authorization letter (if through a representative) assigned staff shall verify PIN.	No Service Fee	Walk-in 2 minutes	Social Insurance Assistant I, OFP
2. Make sure to secure a copy of the MDR issued.	1.2. Assigned staff shall provide a copy of the MDR to the client.		3 minutes per transaction	

(E-mail) 3. Client shall provide the member information for Issuance of MDR through e-mail.	(E-mail) 3.1. Assigned staff shall check for the completeness information and shall prompt client for any missing member information.	No Service Fee	Email 1-3 days (depends on the number of e-mails received)	Social Insurance Assistant I, OFP
4. Make sure to secure a copy of the MDR issued.	3.2. Assigned staff shall provide a copy of the MDR to the client.			
Total:		None	5 mins for walk-in 1-3 days (depends on the number of e-mails received for email)	

7. PIN Verification (Walk-in and Through E-mail)

The Office of the Area Vice-President shall facilitate the processing of letter of requests, queries, issues and concerns of external clients.

Office/Division:	Member Management Group (OFP)			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizen			
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 Original copy of Transaction Slip At least 1 original copy of valid ID of member (to be presented) *Additional requirements if through representative: 1 Original copy of Authorization letter from member 1 original copy of valid ID of representative (to be presented) At least 1 photo copy of valid ID of member (to be submitted)		Any PhilHealth Office		
Request and provide the following member information: Last Name, First Name and Middle Name Date of Birth Place of Birth Address At least 1 scanned copy valid ID of member *Additional requirements if through representative: 1 Scanned copy of Authorization letter from member At least 1 scanned copy of valid ID of representative		Through e-mail		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(Walk-in) 1. Fill-out transaction Slip.	(Walk-in) 1.1. Upon receipt of transaction slip, assigned staff shall verify PIN.	None	Walk-in 2 minutes	Social Insurance Assistant I, OFP
2. Present a copy of any valid ID of the member.	2.1. Assigned staff shall provide PIN to the client.		3 minutes per transaction	
(E-mail) 3. Client shall provide the member information asked for PIN verification via e-mail.	(E-mail) 3.1. Assigned staff shall check for the completeness of member information and shall prompt client for any missing member information.		Email 1-3 days (depends on the number of e-mails received)	

(E-mail) 3. Client shall provide the member information asked for PIN verification via e-mail.	3.2. Assigned staff shall provide PIN to the client.	None	Email 1-3 days (depends on the number of e-mails received)	Social Insurance Assistant I, OFP
Total:		None	5 mins for walk-in 1-3 days for email	

8. Posting of Premium Contribution (Walk-in and through e-mail)

This service facilitates posting of premium contributions that were not reflected in the MDR.

Office/Division:	Member Management Group (OFP)			
Classification:	Complex			
Type of Transaction:	G2C- Government to Citizen			
Who May Avail:	Land based Migrant Workers; Filipinos Living Abroad			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1 original copy of Transaction slip At least 1 original copy of valid ID of member (to be presented) Request 1 photocopy of Official receipt *Additional requirements if through representative: 1 Original copy of Authorization letter from member 1 original copy of valid ID of representative (to be presented) At least 1 photo copy of valid ID of member (to be submitted)		Any PhilHealth Office (walk-in)		
At least 1 scanned copy of valid ID of member Request 1 scanned copy of Official receipt *Additional requirements if through representative: 1 scanned copy of Authorization letter from member 1 scanned copy of valid ID of representative		Through e-mail		
CLIENT STEPS	AGENCY ACTION		PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the required documents. If through a representative, representative shall submit authorization letter and a photo copy of the member's valid ID.	1.1. Print/Receive the required documents and check for completeness.	None	Walk-in 5 minutes per transaction (if posted in the Treasury database) 7 days (if not yet posted in the Treasury Database- for verification)	Social Insurance Assistant I, OFP
	1.2. Start processing the request.			
	1.3. If not yet posted in the database, staff verifies the payment information.			
	1.4. Issue the Member Data Record.			

2. Make sure to check the correctness of payment information upon receipt of the Member Data Record.		None	Walk-in 5 minutes per transaction (if posted in the Treasury database) 7 days (if not yet posted in the Treasury Database- for verification)	Social Insurance Assistant I, OFP
Total:		None	7 days (if not yet posted in the Treasury Database)	

9. Receiving and Endorsement of Overseas Confinement Claims (Filed through E-mail)

This service receives and facilitate filing of overseas confinement claims.

Office/Division:	Member Management Group (OFP)	
Classification:	Simple Internal Service	
Type of Transaction:	G2C- Government to Citizen G2B- Government to Business Entity	
Who May Avail:	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship	
CHECKLIST OF REQUIREMENT		WHERE TO SECURE
Confinement abroad requirements (Certified True Copy): 1. 1 scanned copy of CTC Claim Form 1, properly and completely filled out 2. 1 scanned copy of CTC Statement of Account or its equivalent 3. 1 scanned copy of CTC Official receipt or any proof of payment of hospital bills and professional fees from the hospital where the patient was confined 4. 1 scanned copy of CTC Certification from the attending physician as to the final diagnosis, period of confinement and services rendered 5. English transactions from the hospital or Embassy for all documents.		Through e-mail

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the required documents for overseas confinement filed through email.	1.1. Print/Receive the required documents and check for completeness.	None	1 day	Social Insurance Assistant I, OFP Supervisor Senior Manager
	1.2. Start processing the request and prepares documents.			
	1.3. Endorse the documents to the concerned PRO.		5 days (For endorsement to concerned PROs/ Branch Offices; depends on the number of e-mails received; until a feedback is received)	
2. Make sure to ask for a feedback and claim details for monitoring purposes.	2.1. Communicates with the member on the details of the claim.		1 day	
	2.2. PRO shall issue check if claim is good for processing			
3. Member shall receive the reimbursement through check if claim is good for processing.				
Total:		None	7 days	

1. Management of Documents - Internal

This covers the receipts of incoming documents from internal clients

Office/Division:	Office of the President and CEO			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Employees			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admin staff of other PhilHealth Offices submits documents	1.1 Check the nature and document completeness	None	3 minutes	Receiving Officer , Office of the President
	1.2 Stamp received the transmittal, file copy and return to the admin staff	None	1 minute	Receiving Officer , Office of the President
	1.3 Encode in the documents tracking	none	5 minutes	Receiving Officer , Office of the President
	1.4 Assign reference number, segregates and forward for scanning	None	5 minutes	Receiving Officer , Office of the President
	1.5 Scan documents and forward to concerned Executive Assistant for review	None	15 minutes	Admin Staff, Office of the President
Total:		None	29 minutes	

2. Management of Documents - External

This covers the receipts of incoming documents from External clients

Office/Division:	Office of the President and CEO			
Classification:	Simple			
Type of Transaction:	G2G - Other Government Agencies, G2C - Government to Public			
Who May Avail:	PhilHealth Employees			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admin staff of other PhilHealth Offices submits documents	1.1 Check the nature and document completeness	None	3 minutes	Receiving Officer , Office of the President
	1.2 Stamp received the transmittal, file copy and return to the admin staff	None	1 minute	Receiving Officer , Office of the President
	1.3 Encode in the documents tracking	none	5 minutes	Receiving Officer , Office of the President
	1.4 Assign reference number, segregates and forward for scanning	None	5 minutes	Receiving Officer , Office of the President
	1.5 Scan documents and forward to concerned Executive Assistant for review	None	15 minutes	Admin Staff, Office of the President
Total:		None	29 minutes	

3. Review and Approval of Documents

This pertains to the documents that needs management actions (In relation to Universal Health Care Law)

Office/Division:	Office of the President and CEO			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admin staff of other PhilHealth Offices submits documents	1.1 Receiving Clerk forward documents to concerned Executive Assistants (EA)	None	29 minutes	Admin Staff, Office of the President and CEO
	1.2 Conduct review, analysis and recommend	None	Simple - 15 minutes; Complex within 24 hours	Executive Assistant, OPCEO
	Check documents, if with Complete Staff Work, recommend approval of Head Executive Assistant (HEA)	None	Simple - 15 minutes; Complex within 24 hours	Executive Assistant, OPCEO
	Check documents, if without Complete Staff Work, return the documents to concerned office	None	Simple - 15 minutes; Complex within 24 hours	Executive Assistant, OPCEO
	1.3 Head Executive Assistant (HEA) recommends approved or disapproved to PCEO/endorse documents to other offices	None	Simple - 15 minutes; Complex within 24 hours	Head Executive Assistant
	1.4 President and CEO approve or disapprove	None	Simple - 15 minutes; Complex within 24 hours	PCEO
Total:		None		

4. Processing of External Data Requests (through eFOI Portal)

This process covers handling of external requests for records and data within the Corporation and ensure that all records/data releases by the Corporation shall be in compliance with the mandates of the Universal Health Care Act of 2019 (RA 11223), Ease of Doing Business and Efficient Government Service Delivery Act of 2018 (RA 11032), Freedom of Information Order (EO No. 2 s.2016), Data Privacy Act of 2012 (RA 10173), and the Department of Budget Management (DBM and Governance Commission for GOCCs' (GCG) Good Governance Requirements (e.g. Transparency Seal).

Per EODB Act of 2018, transactions are classified into the following:

1. Simple transactions – requests that are readily available (e.g., Standard Reports);
2. Complex transactions – requests that need to be sourced from more than one office (e.g. data from multiple offices within the Corporation) and requires packaging of data using prescribed template or format; and
3. Highly technical transactions – requests that require technical analysis or cross-tabulations and database extractions (e.g. data for research).

Office/Division:	Corporate Planning Department (CorPlan)	
Classification:	Highly Technical	
Type of Transaction:	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business	
Who May Avail:	All	
CHECKLIST OF REQUIREMENT		WHERE TO SECURE
Registration through the eFOI Portal containing the following information:		Freedom of Information Website: https://www.foi.gov.ph/
1. Date		
2. Full Name		
3. Office (if applicable; institution)		
4. Description of Data Being Requested		
5. Purpose of Request (e.g. use for data, etc.)		
6. Reference Period of Data Being Requested		
7. Data Needed		
8. Format (e.g. table format, print-out, digital, etc.)		
9. Other information that could help the concerned office that shall process the data (e.g. script parameters, etc.)		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit letter request or accomplished Data Request Form (DRF) to the CorPlan	Receive letter/form from requesting party via eFOI Portal and forward to Knowledge Resource Unit	None	1 Hour	Administrative Staff (Office of the Senior Manager / OSM)
Receive acknowledgement receipt from this office	Send acknowledgement receipt to requesting party	None	1 Hour	Administrative Staff (Office of the Senior Manager / OSM)
None	Checking of letter/DRF as to completeness of necessary details in order to properly process the request	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Receive letter/email from this office	If incomplete (e.g. unclear instructions, with questions for verification, etc.), the requesting party if informed	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Receive letter/email from this office	Checking if the requested information is available in PhilHealth website, if so, the requesting party will be informed and the link will be provided.	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Receive letter/email from this office	If the requested information is not in the custody of the Corporation and any of its offices, if so, the requesting party shall be advised accordingly.	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Receive letter/email from this office	If the requested information is the same as a previous request which was already granted or denied, if so, proper information shall be provided to the requesting party to this effect.	None	2 Hours	Planning Officer (Knowledge Resource Unit)
None	Review and classify the request per internal guidelines (e.g. restricted, confidential, with Personally-Identifiable Information/PII, etc.)	None	1 Working Day	Planning Officer (Knowledge Resource Unit)
None	Identify the source of the requested information (e.g. Task Force Informatics)			
None	Locate, retrieve, and/or extract the required information			

None	Properly document, record, and monitor the request, including turn-around-time	None	1 Working Day	Planning Officer (Knowledge Resource Unit)
None	If with Data Privacy Concerns, endorse the request to the Data Protection Officer (DPO) for evaluation.			
None	If without any Data Privacy concerns, endorse the request to concerned offices (e.g. Task Force Informatics)			
None	Concerned office (e.g. Task Force Informatics, Sectors concerned) extracts the data requested	None	13 Working Days	Data Analyst (Task Force Informatics / Office concerned)
None	Provide proper information to requesting party if the request for information will require extension. These reasons may include but not limited to examination of voluminous records, the occurrence of fortuitous events, coincides with voluminous requests, or other analogous cases	None	1 Hour	Planning Officer (Knowledge Resource Unit)
Receive letter/email from this office	Should this be the case, provide proper information to requesting party of the extension, explaining the reasons for such, for fifteen (15) working days, but not exceed twenty (20) working days unless in exceptional circumstances warranting a longer period	None	1 Hour	Planning Officer (Knowledge Resource Unit)
None	Upon receipt of data from processing / extracting office (e.g. Task Force Informatics, Sectors concerned, etc.), this office further formats the data to the specifications of the requesting party (e.g. table formats, etc.)	None	1 Working Day	Planning Officer (Knowledge Resource Unit)
None	Determine applicable fees based on pricing guidelines, if any:	None	1 Hour	Planning Officer (Knowledge Resource Unit)
None	(For Government agencies, Policy-makers, Local government / sponsoring institutions, prospective PhilHealth Project / Program Donors/Sponsors and as directed by judicial courts)			***

None	Readily available data published in the corporate websites like philhealth.gov.ph, Knowledge Management Portal, for public or external use shall be free of charge.	None	1 Hour	Planning Officer (Knowledge Resource Unit)
None	For data that need to be customized in a manner or format that is not readily available, the Corporation shall charge a fee covering minimal charges	Labor Cost (e.g. man-hours): Php75.00 per hour; Computer Time and Operating Costs: Php10.00 per hour; and Printing / Duplication / Reproduction Costs: Php2.00 per page		Planning Officer (Knowledge Resource Unit)
None	Release of requests for databases (i.e. raw data) shall be subject to approval of Management	Php0.0375 per kilobyte plus the cost of CDs or USB drives to be used		Planning Officer (Knowledge Resource Unit)
None	(For Research Organizations / Researchers / Students and Agencies with Jurisdiction over institutions and individuals)			***
None	Published and readily available data/tables for public or external use shall be charged	Minimum Processing Fee (for 1-page document print): Php25.00; Additional cost per table / page document print: Php5.00		Planning Officer (Knowledge Resource Unit)
None	For data need to be customized in a manner or format that is not readily available, the Corporation shall charge a fee covering minimal incidental charges	Labor Cost (per number of man-hours worked): Php 150.00 per hour; Computer Time and Operating Costs: Php 20.00 per hour; Printing / Duplication / Reproduction costs: Php 5.00 per page		Planning Officer (Knowledge Resource Unit)
None	Release of requests for databases (i.e. raw data) shall be subject to approval of Management	Php 0.075 per kilobyte plus the cost of CDs or USB drives to be used to be used.		Planning Officer (Knowledge Resource Unit)

None	(Urgent requests will be entertained but shall be subject to higher rate)	(Rate: 10% more than the computed cost of the data request)	1 Hour	Planning Officer (Knowledge Resource Unit)
None	(Grant or Deny of the Request for Information)	None	2 Hours	***
None	If denied: Write a response letter to the requesting party informing them of the denial of the request. The letter should indicate the grounds for denial and the circumstances on which the denial was based on. Route for appropriate approval If no notice was provided within fifteen (15) working days since the submission of the request, this would indicate that the request was denied	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Receives letter/billing from this office of total amount to be paid (if any)	If granted: Inform or notify the requesting party; including the amount of applicable fees, if any. This should comply with internal rules and procedures on payment of applicable fees.	None	2 Hours	Planning Officer (Knowledge Resource Unit)
Requesting party pays the determined amount with the Corporation's Cashier office.	Processes the payment	None	1 Hour	Cashier Staff (Cashier Office)
Receives official receipt from Cashier	Provides official receipt to requesting party	None	1 Hour	Cashier Staff (Cashier Office)
Requesting party presents copy of official receipt to this office as proof of payment	Receives copy of the official receipt as confirmation	None	1 Hour	Planning Officer (Knowledge Resource Unit)
Requesting party receives the data requested.	Sends the requested data via eFOI Portal	None	1 Hour	Technical staff (Knowledge Resource Unit)
Total: (as applicable) 15 Days				

Note/s: Processes indicated herein lifted from Corporate Order No. 2020-0053 and Freedom of Information Manual

5. Issuance of Minutes of Meetings

This is issued to the requesting party on a per request basis, subject to the provisions of Corporate Order No. 2020-0053, Data Privacy Act of 2012 and its IRR.

Office/Division:	Office of the Corporate Secretary			
Classification:	Complex			
Type of Transaction:	G2G (external)			
Who May Avail:	Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial Bodies/tribunals			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Letter Request stating the specific topic and purpose of requested document or Subpoena duces tecum (1 original copy)		Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial Bodies/Tribunals		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the Letter Request stating topic and purpose of requested document or Subpoena duces tecum to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	1 day	Division Chief Clerk of Board
	2.Recommend the Approval of release of document		2 days	Corporate Secretary
	3.Approve the release of document		3 days	Chairperson of the Board
	4. Photocopy the document		1 day	Records Custodian
	5.Release the requested document			
Total:		None	7 days	

6. Issuance of PhilHealth Board Resolutions (PBRs)

This is issued to the requesting party on a per request basis, subject to the provisions of Corporate Order No. 2020-0053, Data Privacy Act of 2012 and its IRR.

Office/Division:	Office of the Corporate Secretary			
Classification:	Complex			
Type of Transaction:	G2G (external)			
Who May Avail:	Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial tribunal/bodies			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Letter request stating the specific topic and purpose of requested document (1 original copy) or Subpoena duces tecum		Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial bodies/ tribunals		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the Letter stating the topic and purpose of requested document or the Subpoena duces tecum to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	1 day	Division Chief Clerk of Board
	2. Recommend the approval of the request		2 days	Corporate Secretary
	3. Approve the release of the document		3 days	Chairperson of the Board
	4. Photocopy the document		1 day	Records Custodian
	5. Release the requested document			
Total:		None	7 days	

7. BAC Secretariat Services

Securing Bid Documents

Office/Division:	Secretariat for the Bids and Awards Committees			
Classification:	Simple			
Type of Transaction:	G2B, G2G			
Who May Avail:	Interested Bidders			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1. Filled-up Order of Payment form (2 original copy) 2. Bidding Documents (1 set photocopy with original markings and bidding document number)		BAC Secretariat Section, SBAC		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Supplier inspect Bid Documents (photocopy with original SBAC markings for bidding document number)	Issues Order of Payment form for filling-up of supplier	None	30 mins.	BAC Secretariat
	Signs the Order of Payment Form	None	30 mins. (provided there is no interruption in internet connectivity)	Head, SBAC
2. Supplier signifies intention to participate in the procurement opportunity and fills-up order of payment form (original copy)	Issues Order of Payment form for filling-up of supplier	None	5 mins	BAC Secretariat
	Signs the Order of Payment Form	None	5 mins	Head, SBAC
3. Supplier pays Bid Document Fees (original copy of order of payment)	Accepts payment of Bid Document Fees	Bid Documents Fee (Based on ABC range)	5 mins	Cashier's Office / Unit

4. Supplier submits proof of payment (original copy of Official Receipt)	Releases Bid Documents	None	5 mins.	BAC Secretariat
	List supplier as prospective bidder for the procurement project	None	5 mins.	BAC Secretariat
	Validate if prospective bidder is included in the Document Request List at PhilGEPS, if not add name of bidder	None	5 mins	BAC Secretariat
Total:		None	90 mins	

8. Procurement Services

Local Shopping

Office/Division:	Secretariat for the Bids and Awards Committees			
Classification:	Simple			
Type of Transaction:	G2B, G2G			
Who May Avail:	Interested Bonafide Bidders/Suppliers			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
1. Properly Filled-up Purchase Request with supporting documents (3 original copy of the approved Purchase Request)		1. Purchase Request (PR) from End-user		
2. APR Preparation for PS-DBM Transaction (3 original copies)		2. Consolidated Purchase Request (PR) from PRID-PSMD		
3. Local Shopping Transaction if items are not available at PSDBM (3 original copies)		3. Purchase Request (PR) from End-user		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of properly filled-up PR with supporting documents from End-user	Evaluation of Purchase Request	None	30 mins.	Buyer/Canvasser
	Posting of opportunities at PhilGEPS and Corporate Websites	None	30 mins. (provided there is no interruption in internet connectivity)	Buyer/Canvasser
	Preparation of APR for PSDBM and RFQ for Local Shopping	None	30 mins.	Buyer/Canvasser

2. Indorsement of APR to PSDBM Supplier signifies intention to participate in the procurement opportunity and fills-up RFQ or submits Quotation (original copy)	Checking & Pick-up of Supplies	Signed DV	8 Hours	Buyer/Canvasser
	Evaluation of received RFQ or Quotation	None	5 mins	Buyer/Canvasser
	AOC, PO and JO Preparation	None	15 mins	Buyer/Canvasser
	Signs the prepared AOC, PO and JO	None	5 mins	Buyer/Canvasser Section Head, SBAC Head
3. Supplier signs/ accepts PO/JO (3 original copy)	Indorsement of signed PO/JO to PRID-PSMD	None	30 mins.	PRID-PSMD Personnel End-user Personnel Buyer/Canvasser
Total:		None	10 hrs and 30 mins	

Person Responsible: Administration Services Assistant C of SBAC

INTERNAL SERVICES

Operations Sector

Operations Sector

Central Office - Office of the Area Vice
Presidents (Areas I, II, III & IV)

1. Monitoring of PhilHealth Regional Offices concerns communicated to the Central Office

The Office of the Area Vice-President shall issue an Area Memoranda as response to PRO's queries, issues and concerns.

Office/Division:	Office of the Area Vice Presidents (Areas I, II, III & IV)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who may avail:	Local Health Insurance Office Heads and Local Health Insurance Office Information Officer-designate			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
PhilHealth Regional Offices Letter of Request /Memorandum (1 Original/Scanned Copy)		PhilHealth Regional Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Memo to Area Office concerned	1. Receive memo from PRO communicating the concern thru private mail/email/personal delivery	None	1 Day	Clerk III, Office of the Area Vice Presidents
None	1.1 Print and write control number at the bottom of the documents and logs it	None		Clerk III, Office of the Area Vice Presidents
None	1.2 Review communication and proposes course of action or completed staff work before forwarding the document to the AVP	None		Executive Assistant III, Office of the Area Vice Presidents
2. Receive reply memo from Area Office	2.1 If concern can be resolved within AVP authority, Area Office staff prepares reply within 2 days	None	2 Days	Chief Social Insurance Officer/Executive Assistant/Senior Social Insurance Officer

3. Mark as "closed" in incoming/outgoing logbook/e-logbook	3.1 Mark as "closed" in incoming logbook/e-logbook	None		Clerk III, Office of the Area Vice Presidents
Total:			3 days	

2. Processing of Letter of Requests/queries/issues/concerns sent by internal and external clients

The Office of the Area Vice-President shall facilitate the processing of letter of requests, queries, issues and concerns of external clients .

Office/Division:	Office of the Area Vice Presidents (Areas I, II, III & IV)			
Classification:	Simple Internal Service			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
Who May Avail:	Local Health Insurance Office Heads and Local Health Insurance Office Information Officer-designate			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Letter of Request/Memoranda/Instructions/Routing Slips (1 Original/Scanned Copy)		Central Office Sectors/Departments/Other Stakeholders		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward Memo/Instructions/Routing Slip to Area Office concerned	1.1 Receive memo/instructions/routing slip from offices concerned communicating their concerns thru private mail/email/personal delivery	None	1 Day	Clerk III, Office of the Area Vice Presidents
	1.2 Print and write control number at the bottom of the documents and logs it	None		Clerk III, Office of the Area Vice Presidents

	1.3 Review communication and proposes course of action or completed staff work before forwarding the document to the AVP	None		Executive Assistant III, Office of the Area Vice Presidents
2. Receive reply memo from Area Office/PRO	2.1 If concern can be resolved within AVP's authority, Area Office staff prepares reply within 2 days	None	2 Days	Chief Social Insurance Officer/Executive Assistant/Senior Social Insurance Officer
	2.2 For issues needing the intervention of the PROs, the Area Office transmits the scanned documents via email to the PRO concerned and the PRO shall then prepares reply within 2 days upon receipt.	None		
3. Mark as "closed" in incoming/outgoing logbook/e-logbook	3.1 Mark as "closed" in incoming logbook/e-logbook	None		Clerk III, Office of the Area Vice Presidents
Total:		None	3 days	

3. Manage Release of Funds through Interim Reimbursement Mechanism (IRM)

A special provision of substantial aid to eligible Health Care Institution directly hit by fortuitous event with clear and apparent intent to continuously operate and/or rebuild the Health Care Institution in order to provide continuous health care services to adversely affected Filipinos.

Office/Division:	Office of the Area Vice-President
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who May Avail:	Eligible Health Care Institutions (HCIs)
<div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div>	

Letter of Intent (1 scanned or original copy)		PhilHealth Regional Office		
Memorandum of Agreement (fully accomplished 6 scanned or original copies)				
Certificate of Availability of Funds (1 scanned or original copy)				
Memorandum of Recommendation (1 scanned or original copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Transmit the Letter of Intent/Request, Memorandum of Agreement, Certificate of Availability of Funds and Memorandum of Recommendation	Receive the Letter of Intent/Request, Memorandum of Agreement and Certificate of Availability of Funds sent via official email of the office of the Area Vice-President	None	1 Day	Office of the Area Vice-President IRM Pointperson
	Check for completeness of signature on the Memorandum of Agreement, and transmittal specifying the names of the eligible Health Care Institutions		5 days	Office of the Area Vice-President IRM Pointperson
	Print the documents received from the Office of the Regional Vice-President and prepare corresponding Document Review and Approval Request Form (DRAR) once complete and in order		2 Days	Office of the Area Vice-President IRM Pointperson
	Sign the Document Review and Approval Request Form and the Memorandum of Recommendation		3 Days	Area Vice-President

	Endorse the documents to the Health Finance Policy Sector for routing and approval.	None	1 Day	Office of the Area Vice-President IRM Pointperson
	If approved by the President and Chief Executive Officer, sign the Benefits Disbursement Voucher Box A endorsed by the Fund Management Sector	None	7 Days	Area Vice-President
2. Receive via email copy of the approved MOA	Coordinate with concerned PhilHealth Regional Office on the reconciliation of list of Health Care Institutions with submitted Memorandum of Agreement for approval.	None	1 Day	Office of the Area Vice-President IRM Pointperson
3. Receive report of the fund released to the health care institution for monitoring of the Official Receipts and liquidation purposes		None		Fund Management Sector/Office of the Area Vice-President IRM pointperson
Total:		None	20 Days	

Operations Sector

PhilHealth Regional Offices (PROs CAR, I, II, III, IVA, IVB, V, VI, VII, VIII, IX, X, XI, XII, Caraga & BARMM)

Office of the Regional Vice-President

Information Technology Management Section

1. Manage System or Application Account

Information Technology Management Section shall facilitate the creation, updating, deactivation and password resetting of user accounts for Application/Systems.

Office/Division:	Office of the Regional Vice-President - Information Technology Management Section (ITMS)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Regional Office - Support Office, Branches and Local Health Insurance Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application Account Authorization Form (3AF) (1 Original/Scanned Copy)		Information Technology Management Section (ITMS)/(PRO's)File Server/Hardcopy and softcopy from IT coordinators		
Scanned copy of ID of requesting employee		Employee's ID		
Domain Account Request Form (DARF) note : terminal account, email, for Work from Home (WFH) user account request (1 Original/Scanned Copy)				
Justification Letter (For users requesting for additional system/application account.) (1 Original/Scanned Copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Clients to fill-up Application Account Authorization Form (3AF)	None	None	10 Minutes	Requesting personnel/office
2. Application Account Authorization Form (3AF) should properly filled-up and should be signed by the head of requesting office	None	None	10 Minutes	Requesting personnel/office

<p>3. Application Account Authorization Form (3AF) together with scanned copy of employee ID (or including Domain Account Request Form (DARF) or Justification Letter if needed) should be send to ITMS via e-mail or send the hard copy directly to Information Technology Management Section (ITMS). Note: Justification Letter is needed when requesting access to 5 or more system/application account</p>	None	None	10 Minutes	Requesting personnel/office
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None	1. Information Technology Management Section (ITMS) to scan hardcopy of Application Account Authorization Form (3AF) and ID and send it to IT Helpdesk via JOROS. If with attached Justification Letter, Information Technology Management Section (ITMS) will forward it first to Business Process Owner (BPO). If Business Process Owner (BPO) approves it, Business Process Owner (BPO) will forward the request to ITMD-C.O., otherwise return it to Information Technology Management Section (ITMS).	None	30 Minutes	ITMS / BPO
None	2. Information Technology Management Department (ITMD) Central Office to process the request.	None	2 days	ITMD
None	3. Information Technology Management Department (ITMD) to email the created request to PRO-ITMS	None		ITMD

None	4. Information Technology Management Section (ITMS) forward the created, reset, edit accounts to requesting employee/office	None	1 Hour	ITMS
Total:		None	2 Days and 2 Hours	

2. Manage Resetting of Network and email account

Information Technology Management Section shall facilitate the resetting of Network and email account.

Office/Division:	Office of the Regional Vice-President - Information Technology Management Section (ITMS)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Regional Office - Support Office, Branches and Local Health Insurance Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application Account Authorization Form (3AF) (Original/Scanned Copy)		Information Technology Management Section (ITMS)/(PRO's)File Server/Hardcopy and softcopy from IT coordinators		
Scanned copy of ID of requesting employee		Employee's ID		
Domain Account Request Form (DARF) note : terminanal account, email, for Work from Home (WFH) user account request (Original/Scanned				
Justification Letter (For users requesting for additional system/application account.) (Original/Scanned Copy)				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Clients/requesting personnel just call, email Information Technology Management Section (ITMS) regarding the request or via JOROS	None	None	10 Minutes	Requesting personnel/office
None	1. Information Technology Management Section (ITMS) staff to reset network account or email account.	None	10 Minutes	Information Technology Management Section (ITMS)
None	2. Information Technology Management Section (ITMS) to inform the clients/user on reset network/email account.	None	10 Minutes	Information Technology Management Section (ITMS)
Total:		None	30 Minutes	

Operations Sector

PhilHealth Regional Offices (PROs CAR, I, II, III, IVA, IVB, V, VI, VII, VIII, IX, X, XI, XII, Caraga & BARMM)

Office of the Regional Vice-President

Public Affairs Unit

1. Issuance of Radio Program Scripts and Discussion Guides by LHIOs

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	PhilHealth Regional Offices - Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Local Health Insurance Officer Heads and LHIO Information Officer-designate			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original/scanned copy)		Public Affairs Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirement	1.1 Receive Accomplished Form	None	1 min	Public Affairs Unit Staff
None	1.2 Verify with LHIO the preferred or appropriate topic	None	5 mins	Public Affairs Unit Staff
None	1.3 PAU searches for topics in its compilation /library	None	15 mins	Public Affairs Unit Staff
None	1.4 Release script to LHIO via email	None	1 min	Public Affairs Unit Staff
Total:		None	22 mins	

2. Universal Health Care Orientation to New Employees

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	Office of the Regional Vice-President - Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Human Resource Unit & PCARES Head to Public Affairs Unit			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original copy)		Public Affairs Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirement	1.1 Receive Accomplished Form	None	1 min	Public Affairs Unit Staff

None	1.2 Gather from requesting party the details, schedule and other important information	None	5 mins	Public Affairs Unit Staff
None	1.3 Approve request	None	1 min	Public Affairs Unit Head
None	1.4 Conduct Orientation	None	2 hours	Public Affairs Unit Staff
Total:		None	2 hours and 7 mins	

3. Approval of Social Media Content Development

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	PhilHealth Regional Offices - Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Offices of PhilHealth Regional Offices			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original copy)		Public Affairs Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirement	1.1 Receive Accomplished Form	None	1 min	Public Affairs Unit Staff
None	1.2 Evaluate and review request as to completeness of details		5 mins	Public Affairs Unit Staff
2. Give approval of lay-out and content	2.1 Approve request		1 min	Public Affairs Unit Head
None	2.2 Draft Social Media Content		2 hours (may vary depending on design and content)	Public Affairs Unit Staff
None	2.3 Consult with requesting party for their approval		10 mins	Public Affairs Unit Staff/Head
None	2.4 Finalize content as edited		20 mins	Public Affairs Unit Staff
None	2.5 Post/Upload Content		5 min	Public Affairs Unit Staff

None	2.6 File hard copy of approved social media content		1 min	Public Affairs Unit Staff
Total:		None	2 hours and 40 mins	

4. Approval of Design and Layout of Tarpaulin and Collaterals

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	PhilHealth Regional Offices - Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Offices of PhilHealth Regional Offices			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original copy)		Public Affairs Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirement	1.1 Receive Accomplished Form	None	1 min	Public Affairs Unit Staff
None	1.2 Review request as to completeness of details		5 mins	Public Affairs Unit Staff
2. Give approval of lay-out and content	2.1 Approve request		1 min	Public Affairs Unit Head
None	2.3 Draft design for approval		2 hours (may vary depending on design and content)	Public Affairs Unit Staff
None	2.4 Consult with requesting party for their approval of design		5 mins	Public Affairs Unit Staff
None	2.5 Finalize design and provide to requesting party		20 min	Public Affairs Unit Staff
None	2.6 File approved design		1 min	Public Affairs Unit Staff
Total:		None	2 hours and 33 mins	

5. Request for Events Documentation and Assistance

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	PhilHealth Regional Offices - Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Offices of PhilHealth Regional Offices			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original copy)		Public Affairs Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Requirement	1.1 Receive Accomplished Form	None	1 min	Public Affairs Unit Staff
None	1.2 Review request as to completeness of details	None	5 mins	Public Affairs Unit Staff
None	1.3 Approve request	None	1 min	Public Affairs Unit Head
None	1.4 Execute assistance	None	varying period	Public Affairs Unit Staff
Total:		None	7 mins (minimum) depending on scope of work and extent of assistance	

6. Issuance of Corporate Identity Clearance (Brand Monitoring)

Public Affairs Unit shall issue the request to the requesting party on a request basis

Office/Division:	Public Affairs Unit (PAU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government (All Offices of PRO to Public Affairs Unit)			
Who May Avail:	All Offices of PhilHealth Regional Offices			
CHECKLIST OF REQUIREMENT		WHERE TO SECURE		
Request Form (1 original copy)		Public Affairs Unit		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send Document Review and Approval Request Form to Public Affairs Unit	1.1 Receive Document Review and Approval Request Form	None	1 min	Public Affairs Unit Staff
None	1.2 Review document attached to Document Review and Approval Request Form	None	3 mins	Public Affairs Unit Staff
None	1.3 Indicate observations and input suggestions on Document Review and Approval Request Form	None	2 mins	Public Affairs Unit Head
None	1.5 Log details of Document Review and Approval Request Form/Document at the Public Affairs Unit Monitoring Logbook	None	2 mins	Public Affairs Unit Staff
None	1.4 Sign on Document Review and Approval Request Form	None	1 min	Public Affairs Unit Staff
None	1.6 Send Document Review and Approval Request Form to next signatory	None	1 min	Public Affairs Unit Staff
Total:		None	10 Minutes	

7. Provision of News Briefer to Regional Vice President and Officers

Public Affairs Unit shall provide the news briefer to the concerned officer on a case to case basis

Office/Division:	Public Affairs Unit (PAU)		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government (Public Affairs Unit to various Offices of PRO)		
Who May Avail:	All Offices of PhilHealth Regional Offices-Cordillera Administrative Region		
CHECKLIST OF REQUIREMENT		WHERE TO SECURE	
Request Form (1 original copy)		Public Affairs Unit	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Monitor news	None	30 mins	Public Affairs Unit Staff
None	2. Clip and post news clipping in newspaper clipping form	None	3 mins	Public Affairs Unit Staff
None	3. Photocopy news clipping	None	1 mins	Public Affairs Unit Head
None	4. Have transmittal of clipping signed and photocopy of news clipping received by respective office	None	5 mins	Public Affairs Unit Staff
None	5. File original news clipping and transmittal form	None	1 mins	Public Affairs Unit Staff
Total:		None	40 Minutes	

Operations Sector

PhilHealth Regional Offices (PROs CAR, I, II, III, IVA, IVB, V, VI, VII, VIII, IX, X, XI, XII, Caraga & BARMM)

Office of the Regional Vice-President

Legal Services Unit

1. Issuance of Legal Opinions

Corporate Legal Services Unit shall issue legal opinions to the requesting party.

Office/Division:	Office of the Regional Vice-President - Legal Services Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who may avail:	PhilHealth Regional Offices Operational Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PhilHealth Issuances/Policies (1 Certified True Copy)		PRO Records Unit/Concerned Offices/Concerned Critical Support Offices (Head Office)		
Issuances/Rules and Regulation of Government Agency (1 Certified True Copy)		Concerned Government Agencies/World Wide Web		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1.1. Submit request/directive for issuance of Legal Opinion	1. Receive and validate completeness of attachments.	None	1 Hour	Administrative Staff
None	2. Log and encode in the Document Tracking System (DTS) and endorse to Legal Office Head / Legal Officer	None	3 Hours	Administrative Staff
None	3. Conduct Legal Research and review of factual antecedents, relevant applicable PhilHealth Issuances/Policies and relevant Rules and Regulation issued by concerned Government Agencies / Offices	None	12 Working Days	Legal Office Head / Legal Officer / Legal Office Personnel
None	4. Draft Legal Opinion	None	7 Working Days	Legal Office Head / Legal Officer

None	5. Release Legal Opinion to requesting Office	None	1/2 day	Administrative Staff
TOTAL:		None	20 days	

2. Conduct of Contract Review for Contracts/ Agreements entered into by the PhilHealth Regional Offices

Corporate Legal Services Unit shall conduct contract review for contracts/ agreements entered into by the PRO

Office/Division:	Office of the Regional Vice-President - Legal Services Unit			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government ; G2B - Government to Business			
Who may avail:	PhilHealth Regional Offices Operational Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Draft Contract / Agreement (6 copies of original contract)		Concerned/Requesting Office		
PhilHealth Issuances/Policies (1 Certified True Copy)		PRO Records Unit/Concerned Offices/Concerned Critical Support Offices (Head Office)		
Issuances/Rules and Regulation of Government Agency (1 Certified True Copy)		Concerned Government Agencies/World Wide Web		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1. Submit request/directive for Conduct of Contract Review	1.1 Receive and validate completeness of attachments.	None	1 Hour	Administrative Staff
None	1.2 Log and encode in the Document Tracking System (DTS) and endorse to Legal Office Head / Legal Officer	None	2 Hours	Administrative Staff

None	1.3 Conduct Review of the engagement based on relevant applicable PhilHealth Issuances/Policies and relevant Rules and Regulation issued by concerned Government Agencies / Offices	None	12 Working Days	Legal Office Head / Legal Officer / Legal Office Personnel
None	1.4 If there are legal comments on the Contract / Agreement Draft Initial Contract Review	None	2 Working Days	Legal Researcher / Legal Assistant
None	1.5 Review and approval of Initial Contract Review	None	1 Working Day	Legal Office Head / Legal Officer
None	1.6 Release Initial Contract Review to requesting Office for possible corrections to the Contract / Agreement	None	2 Hours	Administrative Staff
2. Revision of Contract / Agreement	2.1 Revise the Contract / Agreement based on issued Contract Review	None		Requesting Office / End-User
None	2.2 Receive the revised draft Contract / Agreement and updating of the Document Tracking System (DTS)	None	1 Hour	Administrative Staff
None	2.3 Review provisions of the engagement based issued Contract Review	None	5 Working Days	Legal Office Head / Legal Officer / Legal Office Personnel
None	2.4 Draft Contract Certification	None	1 Working Day	Legal Office Head / Legal Officer

None	2.5 Release Initial Contract Review to requesting Office for possible corrections to the Contract / Agreement	None	2 Hours	Administrative Staff
TOTAL:		None	20 days	

3. Issuance of Final Demand Letter

Corporate Legal Services Unit shall issue Final Demand Letter as a Collection and Fraud Prevention Mechanism

Office/Division:	Office of the Regional Vice-President - Legal Services Unit			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government ; G2C - Government to Citizen			
Who may avail:	Office of the Vice-President/Regional Vice President; Branch Offices; Field Operations Division - Collections			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Directive /Request for issuance of Final Demand Letter (1 Original Copy)		Concerned/ Requesting Office		
Copies of First and Second Demand Letters for Collection of Arrears Duly Received by the Non-Remitting/Non-Compliant Employer (1 Certified True Copy)		Branch Offices; Field Operations Division - Collections Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1. Submit request/directive for Issuance of Final Demand Letter	1.1 Receive and validate completeness of attachments.	None	1 Hour	Administrative Staff
None	1.2 Log and encode in the Document Tracking System (DTS) and endorse to Legal Office Head / Legal Officer	None	1 Hour	Administrative Staff

None	1.3 Assign to Legal Office Personnel for drafting of Final Demand Letter	None	1 Hour	Legal Office Head / Legal Officer
None	1.4 Draft Final Demand Letter	None	5 Working Days	Legal Researcher / Legal Assistant
None	1.5 Review Final Demand Letter prior to submission to Office of the Vice President /Office of the Regional Vice President for approval / signature	None	1 Working Day	Legal Office Head / Legal Officer
None	1.6 Submission to Office of the Vice President /Office of the Regional Vice President for approval / signature	None	1 Hour	Administrative Staff
2. Approval of Demand Letter	2.1 Final review and signature of the Final Demand Letter	None		Vice-President / Regional Vice-President
None	2.2 Indorse signed Final Demand Letter to the Records Section for mailing	None	1 Hour	Administrative Staff
TOTAL:		None	7 days	

4. Filing of Collection Cases Against Erring/Non-Remitting/Non-Compliant Employers or Members

Corporate Legal Services Unit shall file collection cases as a Collection and Fraud Prevention Mechanism

Office/Division:	Office of the Regional Vice-President - Legal Services Unit
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who may avail:	Office of the Vice-President/Regional Vice President; Branch Offices; Field Operations Division (FOD) -
<div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div>	

Directive /Request for issuance of Final Demand Letter (1 Original Copy)		Concerned/ Requesting Office		
Copy of First, Second and Final Demand Letters for Collection of Arrears Duly Received by the Non-Remitting/Non-Compliant Employer (1 Certified True Copy)		Branch Offices; Field Operations Division - Collections Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME*	PERSON RESPONSIBLE
1. Issue directive to File Collection Cases Against Erring / Non-Remitting / Non-Compliant Employers/Members	1.1 Log and encode in the Document Tracking System (DTS) and endorse to Legal Office Head / Legal Officer	None	1 Hour	Administrative Staff
None	1.2. Assign to Legal Office Personnel for drafting of Complaint Affidavit	None	1 Hour	Legal Office Head / Legal Officer
None	1.3. Confirm lapse of period for erring Employer/Member to settle arrears	None	4 Hours	Legal Researcher / Legal Assistant
None	1.4. Draft Complaint Affidavit and prepare required Annexes for the Complaint Affidavit	None	15 Working Days	Legal Researcher / Legal Assistant
None	1.5. Initial review and approval of the Complaint Affidavit	None	1 Working Day	Legal Office Head / Legal Officer
None	1.6. Indorse to Collection Section for approval / signature	None	1 Hour	Administrative Staff

None	1.7. Coordination with PRO Collection Section to confirm schedule of filing of Collection Case before the Prosecutors' Office	None	1 Hour	Legal Researcher / Legal Assistant
2. Issue directive to File Collection Cases Against Erring / Non-Remitting / Non-Compliant Employers/Members	2.1 Final review and signature of the Complaint Affidavit by the Designated Complainant	None	2 Working Day	PRO Collection Section Head
None	2.2 Filing of Collection Case before the Prosecutors' Office	None	1 Working Day	Legal Office Head / Legal Officer / Legal Researcher; FOD-Collection Section Head
TOTAL:		None	20 days	

Actuarial Services and Risk Management Sector

(ASRMS)

Actuarial Services and Risk Management Sector

Corporate Information Security Department (InfoSec)

1. Information Security Incident Management

Concerns the handling of incidents reported

Office:	Corporate Information Security Department (InfoSec)			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who may avail:	Employees who experienced or discovered an information security incident			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Incident report (IR) form (including proofs or pieces of evidence) (1 Original and Digital Copy Accepted)		Attached as Annex A to Office Order No. 0086-2015		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The employee/initiator properly accomplishes the IR Form 2. Attach pertinent documents to support the report 4. . Expect a notification from the InfoSec Operations Division	1. Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec
	2. Update the incidents register	None	5 minutes	
	3. Review the incident report and classify	None	1 hour	
	4. Adress the incident	None	2 hours	
TOTAL:		None	3 hours, 10 mins	

2. Information Security Incident Management

Concerns the handling of incidents reported

Office:	Corporate Information Security Department (InfoSec)			
Classification:	Complex			
Type of Transaction:	Government to Government			
Who May Avail:	Employees who experienced or discovered an information security incident			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Incident report (IR) form (including proofs or pieces of evidence) (1 Original and Digital Copy Accepted)		Attached as Annex A to Office Order No. 0086-2015		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The employee/initiator properly accomplishes the IR Form a. Attach pertinent documents to support the report b. Submit the report to InfoSec (walk-in, email, direct message)	1.1 Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec Information Technology Officer III, InfoSec
	1.2 Update the incidents register	None	5 minutes	
	1.3 Review the incident report and classify	None	1 hour	
	1.4 Set meeting and convene, officers, and employees involved in the incident	None	1 day	
	1.5 Facilitate the resolution of the incident	None	2 days	
	1.6 Document the incidents as well as the agreements	None	4 hours	
4. Expect a notification from the InfoSec Operations Division	2.1. Close the incident	None	5 minutes	
	2.2 Monitor the agreements.	None		
	2.3 Perform assessment if warranted.	None		
	TOTAL:	None	3 days, 5 hours, 15 mins	

3. Information Security Incident Management

Concerns the handling of incidents reported

Office:	Corporate Information Security Department (InfoSec)
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who may avail:	Employees who experienced or discovered an information security incident

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Incident report (IR) form (including proofs or pieces of evidence) (1 Original and Digital Copy Accepted)		Attached as Annex A to Office Order No. 0086-2015		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The employee/initiator properly accomplishes the IR Form a. Attach pertinent documents to support the report b. Submit the report to InfoSec (walk-in, email, direct message)	1.1 Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec Information Technology Officer III, InfoSec
	1.2 Update the incidents register	None	5 minutes	
	1.3 Review the incident report and classify	None	1 hour	
	1.4 Set meeting and convene, officers, and employees involved in the incident	None	2 days	
	1.5 Facilitate the resolution of the incident	None	5 days	
	1.6 Document the incidents as well as the agreements	None	1 day	
2. Expect a notification from the InfoSec Operations Division	2.1. Close the incident	None	5 minutes	
None	2.2 Monitor the agreements.	None		
None	2.3 Perform assessment if warranted.	None		
TOTAL:		None	8 days,1 hour, 15 mins	

4. Information Security Policy and Protocols Development

Concerns with managing information security across the PhilHealth Organization through corporate policy development. It basically covers the formulation of security measures and controls based on the results of the identified and assessed risks, and assessed security incidents.

Office:	Corporate Information Security Department (InfoSec)
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Classification:	Highly Technical			
Type of Transaction:	Government to Government			
Who May Avail:	Business Process Units (BPUs), which require secure corporate information systems (people, process and			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Anyone of the following: Risk information sheet (RIS) (1 Original Copy);		Reported through Risk Information Management System (RIMS)/For manual copy, RIS Form is an attachment of PhilHealth-SOP-01-02-002		
Feedback through email/Report from Information Security Awareness Officer (1 Original copy)		No prescribed form		
Assessed Information Security Incident Report (1 Original Copy); or		Received and assessed incident report by Security Operations Division (OpSec) of Corporate Information Security Department		
Audit Findings and Recommendations Referred by Internal Audit Group and (Internal Audit Group/COA) (1 Original Copy)		Referred by Internal Audit Group and COA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Identify information security risk/information security issue/concern and report through any of the following: a. RIS or RIMS; b. Feedback through email/Report from Information Security Awareness Officer; c. Assessed Information Security Incident Report; or	1. Assessed received: a. RIS; b. Feedback through email/Report from Information Security Awareness Officer; c. Assessed Information Security Incident Report; or d. Audit Findings and Recommendations (Internal Audit Group/COA)		1/2 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec

d. Audit Findings and Recommendations (Internal Audit Group/COA)	2. Develop information security controls and measures (Guidelines, Policy and Standard Operating Procedure) in accordance with PhilHealth-SOP-01-01-001 (Policy Formulation Process) and Office Order 0060, series of 2015 SOP (Creation, Revision and Use of Standard Operating Procedure)	None	17 1/2 days (Initial/Final Review of Concerned Offices/Approval and Signature of Sector Heads)	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec
	3. Communicate information security controls and measures through Outlook and SETA (Guidelines, Policy and Standard Operating Procedure)		1 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec Information Technology Officer III, InfoSec Senior Manager, InfoSec
	TOTAL:		20 days	

5. Monitoring of Information Security Policy and Protocols

Concerns with overseeing the implementation of security controls and measures, together with other Corporate units tasked to monitor and enforce them.

Office:	Corporate Information Security Department (InfoSec)
Classification:	Highly Technical
Type of Transaction:	Government to Government
Who May Avail:	Business Process Units (BPUs), which require secure corporate information systems (people, process and technology).
<div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div>	

Anyone of the following: Risk information sheet (RIS) (1 Original Copy);		Reported through Risk Information Management System (RIMS)/For manual copy, RIS Form is an attachment of PhilHealth-SOP-01-02-002		
Feedback through email/Report from Information Security Awareness Officer (1 Original Copy)		No prescribed form		
Assessed Information Security Incident Report (1 Original Copy); or		Received and assessed incident report by Security Operations Division (OpSec) of Corporate Information Security Department		
Audit Findings and Recommendations Referred by Internal Audit Group and (Internal Audit Group/COA) (1 Original Copy)		Referred by Internal Audit Group and COA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Implement information security controls and measures: a. RIS or RIMS; b. Feedback through email/Report from Information Security Awareness Officer; c. Assessed Information Security Incident Report; or d. Audit Findings and Recommendations (Internal Audit Group/COA)	1. Monitor policy compliance through the following avenues: a. Security Education, Training and Awareness (SETA) activity gathers feedback on policy implementation; b. Incident assessment results and self-assessment; c. Internal Audit Group's audit findings with its recommendations relating to Information Security and Data Privacy; d. Audit Findings and Recommendations (Internal Audit Group/COA)		1 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec

	2. Reassess information security risks and their corresponding controls and measures (Guidelines, Policy and Standard Operating Procedure)	None	1 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec
	3.Revises the corresponding controls and measures (Guidelines, Policy and Standard Operating Procedures)based on the results of the reassessment and in accordance with PhilHealth-SOP-01-01-001 (Policy Formulation Process) and Office Order 0060, series of 2015 (Creation, Revision and Use of Standard Operating Procedure)		18days (Initial/Final Review of Concerned Offices/Approval and Signature of Sector Heads	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec Information Technology Officer III, InfoSec Senior Manager, InfoSec
TOTAL:		None	20 days	

6. Safekeeping Tape Vault Storage

Concerns the tape vault storage,safekeeping of back-up tape

Office:	Corporate Information Security Department (InfoSec)
Classification:	Simple
Type of Transaction:	Government to Government
Who May Avail:	Information Technology Management Department

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consolidated Vault Inventory List (2 Original Copies)		Information Technology Management Department / Information Management Sector		
Vault access request/ endorsement of back-up tape for storage (2 Original Copies)		Information Technology Management Department / Information Management Sector		
Approved withdrawal of tapes request (2 Original Copies)		Information Technology Management Department / Information Management Sector		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Document/Label Back-up tapes.	1. Receive, encodes and prepares Vault Inventory List based on Endorsement Letter from ITMD.	None	5 minutes	Clerk III, InfoSec Information Systems Analyst III, InfoSec
2. Prepare consolidated list of inventories/back-up tapes for transport and storage.	2. Validates the endorsed inventories. Checks the completeness and documentation of the endorsed inventories/back-up tapes.		5 minutes	
3. Prepare memorandum to Department Manager CISC.	3. Receives back-up tapes based on Vault Inventory List.		5 minutes	
	4. Signs and completes signatories of Vault Inventory List by ITMD Representative and Guard on duty.		5 minutes	
	5. Coordinates with codes custodian and physical key custodian.		5 minutes	
	6. Deposit/Store back-up tapes.		5 minutes	
TOTAL:		None	30 minutes	

7. Retrieval Tape Vault Storage

Concerns the tape vault storage retrieval of back-up tapes

Office:	Corporate Information Security Department (InfoSec)			
Classification:	Simple			
Type of Transaction:	Government to Government			
Who May Avail:	Information Technology Management Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consolidated Vault Inventory List (2 Original Copies)		Information Technology Management Department / Information Management Sector		
Vault access request/ endorsement of back-up tape for storage (2 Original Copies)		Information Technology Management Department / Information Management Sector		
Approved withdrawal of tapes request (2 Original Copies)		Information Technology Management Department / Information Management Sector		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Prepare letter request / back-up tape retrieval. 2. Endorse approved letter request to CISD	1. Receive and log all letter request.	None	5 minutes	Clerk III, InfoSec Information Systems Analyst III, InfoSec
	2. Identify back-up tapes for retrieval.		5 minutes	
	3. Update Vault Inventory List		5 minutes	
	4. Coordinates with codes custodian and physical key custodian.		5 minutes	
	5. Retrive back-up tapes.		5 minutes	
TOTAL:		None	25 Minutes	

Actuarial Services and Risk Management Sector

Office of the Actuary

1. Estimation of Claims Liability Reserve: Incurred But Not Paid (IBNP) & Incurred But Not Reported (IBNR)

Estimate the Claims Liabilities corresponding to the period (or incurred during the period) as required for the Financial Statement of the Corporation and following international and Philippine financial reporting standards.

Office:	Office of the Actuary			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Fund Management Services (FMS)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Extracted claims datasets thru Power BI (electronic copy)		PhilHealth Datawarehouse through Microsoft Power BI (Online Data Visualization Tool)		
In Course of Settlement (ICS) Claims Report (electronic copy)		Task Force Informatics (TFI)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Comptrollership Dept. submits the ICS Claims Report broken down by PRO per Membership Sector	1.1 EXTRACT Paid Claims DATA through Power BI	None	4 days	Clerk III, Office of the Actuary
	1.2 Prepare Claims Triangle	None		Actuarial Analyst II, Office of the Actuary
	1.3 Calculate the Completion Percentage and Average Completion Ratios			
	1.4 Calculate for the Estimated IBNP			
	1.5 Calculate for the Estimated IBNR			
	1.6 Generates the Initial Monthly IBNR/IBNP Report broken down by PRO per Membership Sector			
	1.7 Endorse the Initial Monthly IBNR/IBNP Report to SVP-ASRMS for review and approval			

	1.8 Reviews/approves the calculated Estimated IBNR/IBNP	None	4 ½ days	Senior Vice President (SVP) for Actuarial Services and Risk Managment Sector (ASRMS)
	1.9 Clerk III,-ASRMS submits to Office of the Actuary the revised calculations			
	1.10 Recalculate the IBNR/IBNP based on the revised calculations.			Actuarial Analyst II, Office of the Actuary
	1.11 Revise the Monthly IBNR/IBNP Report			
	1.12 Prepare Final Transmittal Memo			
	1.13 Endorse the Final Monthly IBNR/IBNP report and transmittal memo to SVP-ASRMS for signature			Clerk III, Office of the Actuary
	1.14 Signs the final transmittal memo and Monthly IBNR/IBNP Report			SVP-ASRMS
	1.15 Forwards the signed memo transmittal and Monthly IBNR/IBNP Report to FMS/Office of the Actuary			Clerk III, SVP-ARMS
2.1. FMS receiving clerk accept the Transmittal Memo and Monthly IBNP/IBNR Report	2. File the receiving copies	None	½ day	Clerk III, SVP-ARMS
2.2. FMS receiving clerk signs the receiving copies				
TOTAL:		None	9 Days	

2. Issuance of Actuarial Certification for Membership and Contribution Updates

Actuarial certification is a requirement for decision-making by Management in determining the budgetary impact of a new/expanding PhilHealth benefit packages, premium contribution, fund implication of investment proposals and other program/project

Office:	Office of the Actuary			
Classification:	Highly technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Member Management Group and other Office/Department for any proposal that have budgetary impact			
CHECKLIST OF REQUIREMENTS				WHERE TO SECURE
A. Letter of Request (1 Original Copy or Electronic Copy)				Requesting Office
B. Proposal Design (1 Original Copy or Electronic Copy)				Requesting Office
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request (LOR) and data requirements	1. Receive the request from the End user and forward to the concerned technical staff	None	1 hour	Receiving Clerk Office of the Senior Vice President, ASRMS
None	1.1 Endorse letter of request to the Office of the Actuary	None	2 hours	Technical staff of Office of the Senior Vice President, ASRMS
None	1.2 Receive and acknowledge the submitted request and forward to Actuarial Researcher I	None	1 hours	Receiving Clerk Office of the Actuary
None	1.3 Review and check the completeness of the data requirements. Request additional data, as needed	None	1 working day	Actuarial Researcher I Office of the Actuary
None	1.4 Data gathering/extraction and processing of data of population & membership Projections and Contribution Projection model	None	5 working days	Actuarial Researcher I Office of the Actuary

None	1.5 Perform contribution projection modelling	None	3 working days	Actuarial Researcher I Office of the Actuary
None	1.6 Prepare Actuarial Report and forward to Actuarial Associate for appropriate review	None	3 working days	Actuarial Researcher I Office of the Actuary
None	1.7 Review the Actuarial Cost Estimates and Contribution Projection model	None	2 working days	Actuarial Associate Office of the Actuary
None	1.8 Revise the recommendations, as necessary	None	1 working day	Actuarial Associate Office of the Actuary
None	1.9 Submit Report and Actuarial Certification for review and approval of the Chief Actuary and SVP-ASRMS	None	2 working days	Actuarial Researcher I, Chief Actuary, Office of the Actuary and SVP- ASRMS
None	1.10 Revise the report based on the recommendation/comment by Chief Actuary and SVP ASRMS	None	1 working day	Actuarial Associate and Actuarial Researcher I Office of the Actuary
None	1.11 Approve the Actuarial estimation report with recommendations and Actuarial Certification	None	1 working day	Chief Actuary, Office of the Actuary and SVP- ASRMS
2. Accept Report and Actuarial Certification	2. Issuance of Report and Actuarial Certification to requesting party	None	4 hours	Clerk of OSVOP-ASRMS and Receiving Clerk, Requesting party
TOTAL:		None	20 working days	

3. Issuance of Actuarial Certification for New/Improved Benefit Packages/ Services

Actuarial certification is a requirement for decision-making by Management in determining the budgetary impact of a new/expanding PhilHealth benefit packages, premium contribution, fund implication of investment proposals and other program/project

Office:	Office of the Actuary	
Classification:	Highly Technical	
Type of Transaction:	G2G - Government to Government	
Who May Avail:	Health Finance Policy Sector	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A.	Letter of Request (1 Original Copy or Electronic Copy)	Requesting Office
B.	The Benefit Design (1 Original Copy or Electronic Copy)	Requesting Office
B1.	Criteria for Eligibility considering the specific age group, sex, or condition for the benefit package	
B2.	Services to be given (e.g operation or procedure, diagnostics, treatment planning, rehab therapy and others)	
B3.	Inclusions and/or exclusion (e.i cancer stages, include stage 1-3 exclude stage 4, exclude radiation)	
B4.	Frequency of availment	
B5.	Contracted facilities	
B6.	Costing and package rates – method/procedure used to arrive with the package rate and considerations used for costing drugs, supplies, laboratory test/exam, procedures, ICU, room accommodation, professional fees and	
C.	Epidemiologic Data (1 Original Copy or Electronic Copy)	Requesting Office
C1.	Incidence and/or prevalence rates	
C2.	Changes in incidence and/or prevalence	
C3.	Survival Rates	

C4. Proportions or distribution				
C5. ICD/ or RVS Codes				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter of request (LOR) and data requirements	1. Receive the request from the End user and forward to the concerned technical staff	None	1 hour	Receiving Clerk Office of the Senior Vice President, ASRMS
None	1.1 Endorse letter of request to the Office of the Actuary	None	2 hours	Technical staff, Office of the Senior Vice President, ASRMS
None	1.2 Receive and acknowledge the submitted request and forward to Actuarial Researcher I	None	1 hours	Receiving Clerk Office of the Actuary
None	1.3 Review and check the completeness of the data requirements. Request additional data, as needed	None	1 working day	Actuarial Researcher I Office of the Actuary
None	1.4 Data gathering/extraction and processing of data for benefit cost estimation	None	5 working days	Actuarial Researcher I Office of the Actuary
None	1.5 Assumption setting and perform benefit projection modelling	None	3 working days	Actuarial Researcher I Office of the Actuary
None	1.6 Prepare Actuarial Estimation Report with recommendations and Actuarial Certification	None	3 working days	Actuarial Researcher I Office of the Actuary

None	1.7 Review the Actuarial Cost Estimates and Benefit Projection Model	None	2 working days	Actuarial Associate Office of the Actuary
None	1.8 Revise the recommendations, as necessary	None	1 working day	Actuarial Researcher I Office of the Actuary
None	1.9 Submit Report and Actuarial Certification for review and approval of the Chief Actuary and SVP-ASRMS	None	2 working days	Actuarial Associate, Chief Actuary and SVP-ASRMS, Office of the Actuary
None	1.10 Revise the report based on the recommendation/comment by Chief Actuary and SVP ASRMS	None	1 working day	Actuarial Researcher I Office of the Actuary
None	1.11 Approve the Actuarial estimation report with recommendations and Actuarial Certification	None	1 working day	Chief Actuary, Office of the Actuary and Office of the SVP-ASRMS
2. Accept the Report and Actuarial Certification	2.1 Issuance of Report and Actuarial Certification to requesting party	None	4 hours	Clerk, Office of the SVP-ASRMS and Receiving Clerk, Requesting party
TOTAL:		None	20 working days	

Actuarial Services and Risk Management Sector

Project Management Team for Risk Management (PMT-RM)

1. Issuance of Risk Assessment Certification (RAC) for New and Amended Programs, Projects, and Policies

As part of Completed Staff Work (CSW) requirements, the Risk Assessment Certification is issued to ensure the risk management process is carried out and applied by the proponent in the course of developing new and amended programs, projects, and policies.

Office:	Project Management Team for Risk Management (PMT-RM)			
Classification:	Complex			
Type of Transaction:	G2G- Government to Government			
Who May Avail:	All PhilHealth Offices (Proponent)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Draft program, project, or policy (1 photocopy)		Proponent Office		
Risk Self-Assessment Questionnaire (1 original)		Proponent Office		
Risk Information Sheet (RIS) (1 photocopy)		Proponent Office		
Risk Registry (1 photocopy)		Proponent Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents for initial assessment and verification	1.1. Receive required documents and check for completeness	None	30 minutes	Clerk/ Administration Services Assistant C (ASAC), PMT-RM
	1.2. Record documents in logbook			
	1.3. Endorse documents to technical staff of PMT-RM			
	2.1. Check documents contents for completeness	None	4 Days	Project Development Officer III, PMT-RM
	2.2. Review, evaluate and validate submitted documents			
	2.3. Sign Risk Self-Assessment Questionnaire (RSAQ)			
	2.3. Prepare certification			

	3.1. Review documents and sign the Risk Self-Assessment Questionnaire (RSAQ) and Risk Assessment Certification (RAC)	None	30 minutes	Senior Manager, PMT-RM
2. Receive signed RSAQ and RAC	4.1. Record the RAC Reference No.	None	15 minutes	Clerk/ Administration Services Assistant C (ASAC), PMT-RM
	4.2. Release signed RSAQ and RAC			
TOTAL:		None	4 Days, 1 Hour and 15 Minutes	

Corporate Affairs Group (CAG)

Corporate Affairs Group (CAG)

Corporate Action Center(CAC)

1. Request for Existing Client Feedback Report

Request made by any internal office for client feedback reports that may be used in their respective processes (i.e. policy development, planning and process improvement).

Office:	Corporate Action Center (CAC)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who May Avail:	All Offices in the Head Office and Regions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A Request through memorandum or email.		Corporate Action Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request through memorandum or email.	1. Receive request and encode in CAC Logsheet	None	1 Day	Receiving staff
None	2. Prepare copy of existing client feedback report and covering memorandum		2 Days	Technical Team
None	3. Review and sign documents			CAC Head
2. Receive final report	3. Release report to client 4. Close transaction in CAC LogSheet			Releasing staff
TOTAL:		None	3 Days	

Note: As allowed under EODB Law, TAT extension of additional 3 working days may be applied for simple transactions, provided that, client is informed prior to deadline.

2. Request for Generation of New Client Feedback Report

Request made by Office of the PCEO or any internal office for client feedback reports that may be used in their respective processes (i.e. policy development, planning and process improvement).

Office:	Corporate Action Center (CAC)			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government			
Who May Avail:	All Offices in the Head Office and Regions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A Request through memorandum or email.		Corporate Action Center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request through memorandum or email.	1. Receive request and encode in CAC Logsheet		1 Day	Receiving staff

2. Provide report details requested by CAC	2. Verify with client on following details of report: a. Report coverage b. Nature of client feedback to be covered (query, complaint, suggestions, commendation or combination, including specific nature as applicable) c. Channel (call, email, social media, sms or combination) d. Contact Center (CAC, outsourced Contact Center or combination) e. Required statistical analysis (count, response rate, response time, resolution rate, resolution time, etc.) f. Type of report (list of transactions, pie chart, bar chart, column chart, histogram, etc.)
3. Provide necessary inputs to CAC	3. Generate draft report (coordinate with client as necessary)
None	5. Review draft report and provide comments, if any
None	6. Finalize report and prepare covering memo
None	7. Sign report and covering memo

NONE

5 Days	Technical Team and CAC Head
12 Days	Technical Staff
	CAC Head
	Technical Staff
	CAC Head

4. Receive final report	8. Release report to client (cc VP-CAG) and secure acknowledgement receipt 9. Close transaction in CAC LogSheet		2 Days	Releasing staff
TOTAL:		None	20 Days	

Note: As allowed under EODB Law, TAT extension of additional 20 working days may be applied for technical transactions, provided that, client is informed prior to deadline.

Corporate Affairs Group (CAG)

Creative Arts and Design Team (CADT)

1. Development of Design/Lay-out

Office:	Creative Arts and Design Team (CADT) – Office of the Vice President, Corporate Affairs Group			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo-request that may be sent in hard copy or via email		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/send request	1. Receive memo-request.	None	2 Hours	CADT Staff
None	2. Evaluate request.			CADT Head
None	3. Endorse request to designated technical staff/artist.			CADT Head
None	4. Work on request/develop design studies.		2 Days	CADT Technical Staff/Artist
None	5. Endorse design studies of the material to requesting office.		1 hour	CADT Technical Staff/Artist
2. Provide comments on draft material.	2.1 Await comments from requesting office		2 Days	CADT
None	2.2 Receive comments from requesting office			CADT
None	2.3 Revise material based on comments		1 Day	CADT Technical Staff/Artist
None	2.4 Endorse material to CADT Head for comments/review.		1 Hour	CADT Technical Staff, CADT Head
3. Receive requested material.	3.1 Once finalized, endorse material to requesting office		1 Hour	CADT Technical Staff/Artist
TOTAL:		None	6 Days	

Note: Duration of the whole process will depend on number of times the requesting office provides their comments on each draft. However,

2. Request for the Development of Design/Lay-Out for Marketing Collaterals

Office:	Creative Arts and Design Team (CADT) – Office of the Vice President, Corporate Affairs Group			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo-request that may be sent in hard copy or via email CAG-JRF (CAG-Job Request Form)		Requesting office Corporate Marketing Department/OVP-CAG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/send request.	1.1 Receive memo- request	None	2 Hours	CADT Staff
None	1.2 Evaluate request.			CADT Head
None	1.3 Endorse request to designated technical staff/artist.			CADT Head
None	1.4 Research/ conceptualize and gather needed materials (photos/ images)		2 Days	CADT Technical Staff/Artist
None	1.5 Work on request/develop design studies.		5 Days	CADT Technical Staff/Artist
None	1.6 Endorse design studies of the material to requesting office.		1 Hour	CADT Technical Staff/Artist
2. Provide comments on draft material.	2.1 Await comments from requesting office.		2 Days	CADT

None	2.2 Receive comments from requesting office.	None	2 Days	CADT
None	2.3 Revise material based on comments.		2 Days	CADT Technical Staff/Artist
None	2.4 Endorse to CADT Head for comments/review.		2 Hours	CADT Tech Staff/CADT Head
3. Receive requested material.	3.1 Once finalized, endorse material to requesting office.		1 Hour	CADT Technical Staff/Artist
	TOTAL:	None	12 Days	

Note: Duration of the whole process will depend on number of times the requesting office provides their comments on each draft. However, turn-around time for revising the print material based on the comments shall be at least 2 days.

3. Request for the Development of An Audio-Visual Material/Production (AVP) or Corporate Video

Development/production of an audio-visual material or corporate video and slide presentations, as requested/instructed by any internal office.

Office:	Creative Arts and Design Team (CADT) – Office of the Vice President, Corporate Affairs Group			
Classification:	Highly Technical			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo-request that may be sent in hard copy or via email CAG-JRF (CAG-Job Request Form)		Requesting office Corporate Marketing Department/ OVP-CAG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/Send request	1. Receive memo- request.		2 Hours	CADT Staff
None	2. Evaluate request.			CADT Head
None	3. Endorse request to designated technical staff/artist.			CADT Head

None	4. Develop storyboard
None	5. Endorse storyboard to requesting office for comments
2. Provide comments on Storyboard	2.1 Await comments/approval on storyboard from requesting office.
None	2.2 Receive comments from requesting office
None	2.3 Revise material based on comments
3. Approve Storyboard.	3.1 Endorse storyboard to requesting office for approval
None	3.2 Once approved, gather materials needed for the development (i.e. existing video materials, photos, VO recording, background music, further consultation with requesting office)
None	2.1 Once materials are complete, develop audio-visual material
None	2.1 Endorse draft material to requesting office.
4. Provide comments on draft AVP/material.	4.1 Await comments from requesting office.
None	4.2 Revise material based on comments

None

3 Days	CADT Technical Staff/Artist
1 Hour	CADT Technical Staff/Artist
2 Days	CADT
	CADT
2 Days	CADT Technical Staff/Artist
1 Day	CADT Technical Staff/Artist
2 Days	CADT Technical Staff/Artist
5 Days	CADT Technical Staff/Artist
2 Hours	CADT Technical Staff/Artist
2 Days	CADT Technical Staff/Artist
2 Days	CADT Technical Staff/Artist

None	4.3 Endorse material to CADT Head for comments/review.		2 Hours	CADT Tech Staff/CADT Head
5. Receive requested material.	5. Endorse material to requesting office		1 Hour	CADT
	TOTAL:	None	20 Days	

Note: Duration of the whole process will depend on number of times the requesting office provides their comments on each draft. However, turn-around time for revising the AV material based on the comments shall be at least 2 working days.

4. Request for the Development of Lay-Out/Design for Social Media Cards and Other Digital Materials (i.e. Web Banners)

Request made by any internal office for the lay-out/design of information/promotional materials for use in our social media sites. Among these are social media cards, web banners and e-invitations.

Office:	Creative Arts and Design Team (CADT) – Office of the Vice President, Corporate Affairs Group			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo-request that may be sent in hard copy or via email CAG-Job Request Form (CAG-JRF)		Requesting office Corporate Marketing Department / OVP-CAG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/send request	1.1 Receive memo-request			CADT Staff
None	1.2 Evaluate request.		2 Hours	CADT Head
None	1.3 Endorse request to designated technical staff/artist.			CADT Head
None	1.4 Work on request/develop design studies		2 Days	CADT Technical Staff/Artist

None	1.5 Endorse design studies of the material to requesting office.	NONE	1 Hour	CADT Technical Staff/Artist
2. Provide comments on draft material.	2.1 Await comments from requesting office		2 Days	CADT
None	2.2 Receive comments from requesting office			CADT
None	2.3 Revise material based on comments		1 Day	CADT Technical Staff/Artist
None	2.4 Endorse material to CADT Head for comments/review.		1 Hour	CADT Tech Staff/CADT Head
3. Receive requested material.	3. Once finalized, endorse material to requesting office		1 Hour	CADT Technical Staff/Artist
None	TOTAL:		6 Days	None

Note: Duration of the whole process will depend on number of times the requesting office provides their comments on each draft. However, turn-around time for revising the material based on the comments shall be at least 1 day.

5. Request for the Development of Lay-Out/Design for Brand Elements and Other Corporate Materials

Request made by any internal office for the lay-out/design of brand elements such as logos and templates and corporate materials such as certificates, plaques and business cards.

Office:	Creative Arts and Design Team (CADT) – Office of the Vice President, Corporate Affairs Group
Classification:	Highly Technical
Type of Transaction:	G2G – Government to Government
Who may avail:	All Offices in the Head Office
<div>CHECKLIST OF REQUIREMENTS</div> <div>WHERE TO SECURE</div>	

Memo-request that may be sent in hard copy or via email CAG-Job		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit/send request	1. Receive memo- request	None	2 Hours	CADT Staff
None	1.2 Evaluate request.			CADT Head
None	1.3 Endorse request to designated technical staff/artist.			CADT Head
None	1.4 Work on request/develop design studies.		2 Days	CADT Technical Staff/Artist
None	1.5 Endorse design studies of the material to requesting office.		1 Hour	CADT Technical Staff/Artist
2. Provide comments on draft material.	2.1 Await comments from requesting office.		2 Days	CADT
None	2.2 Receive comments from requesting office.			CADT
None	2.3 Revise material based on comments.		1 Day	CADT Technical Staff/Artist
None	2.4 Endorse material to CADT Head for comments/review.		1 Hour	CADT Tech Staff/CADT Head
3. Receive requested material.	3. Once finalized, endorse material to requesting office.		1 Hour	CADT Technical Staff/Artist
TOTAL:		None	6 Days	

Note: Duration of the whole process will depend on number of times the requesting office provides their comments on each draft. However, turn-around time for revising the material based on the comments shall be at least 1 day.

Corporate Affairs Group (CAG)

Corporate Communication Department
(CorCom)

1. Communications Development- Social Media

Request made by offices in the Head Office and PROs for uploading through official social media accounts.

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G-Government to Government			
Who may avail:	Senior Management, Program Offices, Regional Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Official Statement / Press Releases		CorComm		
Circulars/ Advisories		CorComm		
Stakeholders Testimonies (e.g. Member, HCIs, HCPs)		PAUs, Internal Community, Social Media, Stakeholders		
LuNews		PAUs, Concerned Offices		
Submission of Letter or email to CorComm Senior Manager		All offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. To request for announcement, promotion through social media (e.g. testimonials)	1.1 CorComm to coordinate with the client for needed documents and other details needed	None	2 Days after receipt of complete documents	Social Media Project Team
	1.2 CorComm to prepare content of social media artcards based on the documents (e.g. Advisory)		2 Days after receipt of complete documents	Social Media Project Team
	1.3 Request CADT for layout/execution		5 Minutes	Social Media Project Team
2.Reviews and approves output	2. Calendar and post the material		5 Minutes	Social Media Project Team
TOTAL:		None	4 Days and 10 Minutes	

2. Communications Development- PC Tamang Sagot

Review, comment and update of PhilHealth Circular's Tamang Sagot submitted by the proponent office for uploading on the website

Office:	Corporate Communication Department
Classification:	Simple
Type of Transaction:	G2G- Government to Government
Who may avail:	Program Offices

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Draft Tamang Sagot	Program Offices
2. Request for Publication Form	Corporate Communication Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the request for review (letter, form, email) together with the draft material	1.1 Receive (stamp, if hardcopy; acknowledge if via email) the request	None	5 Minutes	Senior Manager / Admin Designate
None	1.2 Forward the request to the concerned unit		5 Minutes	Senior Manager
None	1.3 Acknowledge receipt of the request and material for review, editing, proofreading		5 Minutes	Content Production Unit head
None	1.4. Assign the review, editing, proofreading to available staff		5 Minutes	Content Production Unit head
None	1.5. Review, edit, proofread the material based on standard practices		4 Hours	Content Production Unit member
None	1.6. Forward the reviewed material to Content Production head for further review		5 Minutes	Content Production Unit member
None	1.7. Review and revise (when necessary) the material		1 Hour	Content Production Unit head

None	1.8 Forward the reviewed and revised material to Division Chief and Senior Manager for clearance		5 Minutes	Content Production Unit head
None	1.9 Clear the material; then return to the Content Unit		30 Minutes	Division Chief and Senior Manager
None	1.10 Submit the cleared/ finalized material to the requesting office		5 Minutes	Admin Designate / Content Production Head
2. Acknowledges and approves the reviewed TS	2.Upload the material to corporate website		5 Minutes	Website administrator
TOTAL:		None	6 Hours and 10 Minutes	

3. Communication Management- Website Management

Request for information dissemination through uploading/updating of the PhilHealth Corporate Website.

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	All offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo request (soft copy) from requesting proponent office		Proponent office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit properly the request thru email to CorComm. (Soft copy of data needed for uploading)	1. Acknowledge request of data for uploading/ updating in the Corp. website. Check request if needing layout or not, or needing arrangement on the website.		5 Minutes	Website Management

	a. If needing lay out – forward it to the Creative Arts and Design Team (CADT)	NONE	5 Minutes	CADT
	b. If not needing layout, but needing arrangement on the website.		30 Minutes	Website Management
	2. Request for web uploading of data in the appropriate section of the website		30 Minutes	ITMD
	3. Check website for data uploaded		10 Minutes	Website Management
	4. Provide Feedback to Proponent office of status of request		10 Minutes	Website Management
	TOTAL	None	1 Hour and 30 Minutes	

4. Monitoring and Evaluation- Press Releases (NRUR)

Monitoring of dispatched press releases and determination of Peso value in exchange of free exposure

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	VP for Corporate Affairs Group (CAG); Senior Manager; Corporate Planning Department (CorPlan)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Media intelligence report		Media Intelligence provider		
2. Approved NRUR		Office of the Senior Manager		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide media intelligence report	1. Preparation of NRUR	c/o Service Contract	30 days	Media Relations Unit

2. Review/approval of NRUR report	2. Endorse to VP for CAG and CorPlan	None	10 Minutes	Media Relations Unit
TOTAL:		30 Days and 10 Minutes		

5. Communication Management- Press Releases

Preparation of news materials for dissemination to the general public

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Senior Management and program offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Data/information needed for the PRs/Official Statement		Corporate Planning Dept./Program offices/Operations		
2. Approved PRs/Official Statements		OPCEO/Program offices/Operations		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Provide data/information needed	Preparation of Press Release/Official statement	None	1 Day	Media Relations Unit
Review/approve PRs/Official statements	Release/dispatch of PRs/Official Statements	None	10 Minutes	Media Relations Unit
TOTAL:		1 Day and 10 Minutes		

6. Monitoring and Evaluation- News Releases

Monitoring of news releases

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Senior Management; Public Affairs Unit (PAUs)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		

1. Media alerts		Media Intelligence provider		
2. Approved News Briefer		Office of the Senior Manager		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide media intelligence alerts	1. Preparation of News Briefer	c/o Service Contract	3 hours	Media Relations Unit
2. Review/approval of News Briefer	2. Dispatch to Senior Management; PAUs	None	10 minutes	Media Relations Unit
TOTAL		3 Hours and 10 Minutes		

7. Communication Management -Preparation of PRs

Preparation of news materials for dissemination to the general public

Office:	Corporate Communication Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Program Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Duly accomplished request for publication form		CorComm		
2. Soft copy of policies/issuances		Program office/s		
3. Layout of policies/issuances for publication		CADT		
4. Approved layout of policies/issuances		Program office/s		
5. Advertising contract		Supplier		
6. Tearsheet/proof of publication		Supplier		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit duly accomplished request for publication form	Received and process submitted documents	None	5 Minutes	Program office/s
Provide soft copy of policies/issuances	Refer to CADT for layout	None	5 Minutes	Program office/s
Review/approval of layout of policies/issuances	Booking/placement of policies/issuances	c/o Advertising Contract	30 Minutes	Advertising Unit

TOTAL:		40 Minutes	
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Corporate Affairs Group (CAG)

Corporate Marketing Department (CorMar)

1. Request for Existing Marketing Materials

Request made by any internal office for available corporate giveaways, information materials and other marketing collaterals that may be used in their respective marketing/information dissemination activities.

Office:	Corporate Marketing Department (CorMar)			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All Offices in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Properly accomplished Request Form and Monitoring for Information Materials/Corporate Giveaways/Promotional Items (See CM 2017-0119) Corporate Personnel Order (CPO) or Notice of Meeting		CorMar Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit properly accomplished request form to the CorMar Office together with copy of CPO or Notice of Meeting	1. Receive request.	NONE	1 Day	Administrative Team
None	2. Check inventory of materials.			Administrative Team
	a. If available Proceed to No. 3			
	b. If not available, recommend other available materials.			
2. Wait for the call from the CorMar Office regarding request.	3. Approve request.		4 Hours	SM- CorMAR
None	4. Prepare requested materials.		4 Hours	Administrative Team
3. Receive requested materials from CorMar.	5. Release requested materials to proponent office/end-user			Administrative Team

4. Answer the CorMar Satisfaction Survey.	6. Request proponent office/end-user to answer the CorMar Satisfaction Survey and submit the Monitoring Form per CM 2017-0019.		2 hours	Administrative Team
5. Submit accomplished Satisfaction Survey to CorMar together with copy of Attendance Sheet	7. Receive accomplished survey form from end-user.			Administrative Team
6. Submit the Monitoring Form to CorMar	8. Receive Monitoring Form from end-user.		7 days	Administrative Team
TOTAL:		None	9 Days and 2 Hours	

2. Request for Procurement of Corporate Giveaways, Promotional Items, Event Material (i.e. Tarpaulin Banner, Invitations)

Request made by any internal office for the procurement of corporate giveaways, information materials and other marketing collaterals that may be used in their respective marketing/information dissemination activities.

Office:	Corporate Marketing Department (CorMar)		
Classification:	Highly Technical		
Type of Transaction:	G2G – Government to Government		
Who may avail:	Proponent Offices/end-user in the Head Office		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1. Request letter		Proponent Office	
2. Technical Specifications			
3. Three (3) quotations from suppliers			
4. Abstract of Canvass			
5. Approved Budget for the Contract			
6. Purchase Request			

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to CorMar.	1. Receive request.	None	3 Days	Administrative Team
	2. Evaluate request			SM-CorMar
	a. Approved:			
	Proceed to No. 2			
	b. Disapproved:		17 Days	Administrative Team
	Inform proponent office regarding disapproval of request through formal communication.			
None	3. Prepare procurement documents and route for signing and approval			
None	4. Endorse documents to the Secretariat for Bids and Awards Committee for procurement			Administrative Team
TOTAL:		None	20 Days	

3. Request for Clearance of Corporate Giveaways/Promotional Items/Event Materials Developed by Other Offices Especially PROs

Request made by any internal office for the clearance/approval of marketing collaterals they have produced in which the PhilHealth corporate signature, other branding standards, and any information on PhilHealth products/services, are applied.

Office:	Corporate Marketing Department (CorMar)
Classification:	Complex
Type of Transaction:	G2G – Government to Government
Who may avail:	All offices/department in PhilHealth

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Proposal letter containing the concept/design of the proposed corporate giveaways/item by other office.		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to CorMar.	1. Receive request.	None	4 Hours	Administrative Team
	2. Evaluate request for clearance of design/concept as to adherence			Brand Management and Marketing Collateral
None	3. Seek feedback from the Creative Arts and Design Team (CADT) of the Office of the Vice President-Corporate Affairs Group regarding the design of the proposed giveaway/item		4 Hours	BMMCDT, CADT
None	4. Seek approval/clearance of SM-CorMar and VP-CAG		3 Days	BMMCDT, SM-CorMar and VP-CAG
2. Receive memo from CorMar.	5. Endorse to proponent office the recommendation regarding their request.		2 Hours	Administrative Team
3. Answer the CorMar Satisfaction Survey	6. Request proponent office/end-user to answer the CorMar Satisfaction Survey			
4. Submit accomplished Satisfaction Survey to CorMar.	7. Receive accomplished survey form from end-user.			Administrative Team
TOTAL:		None	4 Days and 2 Hours	

4. Request from Other PhilHealth Offices for Customized Materials

Request made by any internal office for the clearance/approval of marketing collaterals they have produced which followed basic branding standards but have been customized according to their needs/target audiences/local requirements.

Office:	Corporate Marketing Department (CorMar)			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	All offices/department in PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Duly signed request letter		Proponent Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to CorMar.	1. Receive request.	None	4 Hours	Brand Management and Marketing Collateral Development Team
	2. Evaluate the request.			
None	3. Endorse request to the Creative Arts and Design Team (CADT) of the Office of the Vice President-Corporate Affairs Group (OVP-CAG) for layout		1 Hour	BMMCDT and CADT
None	4. Seek approval/clearance of SM-CorMar and VP-CAG		3 Days	BMMCDT, SM-CorMar and VP-CAG
2. Receive memo from CorMar.	5. Endorse to proponent office the recommendation regarding their request.		2 Hours	Administrative Team
3. Answer the CorMar Satisfaction Survey	6. Request proponent office/end-user to answer the CorMar Satisfaction Survey			
4. Submit accomplished Satisfaction Survey to CorMar.	7. Receive accomplished survey form from end-user.			Administrative Team

	TOTAL:	None	3 Days and 7 Hours	
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5. Request for Development of Audio-Video Presentation (AVP) including Procurement

Request made by any internal office for the development and production of a corporate video that may be used in its marketing activity/event or information dissemination activities.

Office:	Corporate Marketing Department (CorMar)			
Classification:	Highly Technical			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Proponent Offices/end-user in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Properly Accomplished CAG-JRF (See CO 2016-0101)		CorMar Department		
2. Technical Specifications				
3. Three (3) quotations from suppliers				
4. Matrix of Canvass				
5. Approved Budget for the Contract				
6. Purchase Request				
7. Other documents as may be required				
8. Permit				
9. Endorsement Memo				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request letter to CorMar.	1. Receive request.		2 Hours	Administrative Team
	2. Coordinate with proponent office/end-user			Brand Management and Marketing Collateral Development Team (BMMCDT)

	3. Draft video script in close coordination with proponent office	None	5 Days	BMMCDT
	4. Forward draft script to SM-CorMar for approval		4 Hours	SM-CorMar and BMMCDT
	a. Approved: Proceed to Procurement			
	b. For revision: Revise draft script then proceed to Procurement			
None	7. Prepare procurement documents and route for signing and approval		14 Days	Administrative Team
None	8. Endorse documents to the Secretariat for Bids and Awards Committee (SBAC) for procurement	Administrative Team and SBAC		
TOTAL		None	20 Days	

6. Request for Development of Print Information Material Including Procurement

Request made by any internal office for the development and production of an information material that may be used in its marketing activity/event or information dissemination activities.

Office:	Corporate Marketing Department (CorMar)	
Classification:	Highly Technical	
Type of Transaction:	G2G- Government to Government	
Who May Avail:	Proponent Offices/end-user in the Head Office	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Properly accomplished CAG-JRF (See CO No. 2016-0101)		Corporate Marketing Department

2. Approved circular		Proponent Office		
3. Mock of print information material				
4. Request letter				
5. Technical Specifications				
6. Approved layout of print information material				
7. Three (3) quotations from suppliers				
8. Matrix of Canvass				
9. Approved Budget for the Contract				
10. Purchase Request				
11. Other documents as may be requested				
12. Endorsement Memo				
13. Distribution List				
CLIENT STEPS	AGENCY ACTION			
1. Submit properly accomplished CAG-JRF to CorMar.	1. Receive request.		2 Hours	Administrative Team
	2. Coordinate with proponent office/end-user			Brand Management and Marketing Collateral Development Team (BMMCDT)
None	3. Draft content of print information material in close coordination with proponent office		3 Days	BMMCDT
None	4. Forward draft content to SM-CorMar, SM-CorComm and end-user for approval		4 Hours	SM-CorMar and BMMCDT
	a. Approved:			
	Proceed to No. 4			

	b. For revision: Revise draft content then proceed to No. 4	None		
None	5. Request Creative Arts and Design Team (CADT) for design studies		3 Days	BMMCDT
None	6. Present design studies to SM-CorMar for approval		1 Hour	SM CorMar and BMMCDT
None	7. Conduct copy-testing (if applicable)		1 Day	BMMCDT
None	8. Incorporate feedback and recommendations of copy testing result (revised layout included)		1 Day	BMMCDT and CADT
None	9. Seek approval of material from VP-CAG		2 Days	BMMCDT, Administrative Team
None	10. Prepare procurement documents and route for signing and approval		9 Days	Administrative Team
None	11. Endorse documents to the Secretariat for Bids and Awards Committee (SBAC) for procurement			Administrative Team
TOTAL:		None	20 Days	

7. Request for Marketing Campaign/Plan for a Specific Benefit or Service

Request made by any internal office for the development of a marketing plan/campaign on a benefit or product.

Office:	Corporate Marketing Department (CorMar)
Classification:	Highly Technical

Type of Transaction:		G2G- Government to Government		
Who may avail:		Proponent Offices/end-user in the Head Office		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request Memo		Proponent office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request memo to CorMar.	1. Receive request.	None	5 Hours	Administrative Team
	2. Evaluate request			Brand Management and Marketing Collateral Development Team (BMMCDT)
	3. Gather necessary information (including consultation with requesting office)		2 Days	BMMCDT
	4. Draft Marketing Campaign/Plan		3 Days	BMMCDT
None	5. Seek approval of Campaign/Plan from VP-CAG		2 Days	BMMCDT
None	6. Prepare endorsement memo		1 Hour	BMMCDT
2. Receive plan/material from CorMar through a formal memo.	7. Endorse approved Marketing Campaign/Plan to end-user and other concerned offices		2 Hours	BMMCDT, Administrative Team
3. Answer the CorMar Satisfaction Survey.	8. Request proponent office/end-user to answer the CorMar Satisfaction Survey			Administrative Team
4. Submit accomplished Satisfaction Survey to CorMar.	9. Receive accomplished survey form from end-user.			
TOTAL:		None	8 Days	

8. Request for Event Assistance (Includes selection of venue, venue set-up, invitation, program, and other event requirements) Including

Request made by any internal office for assistance in the preparation for a corporate event or marketing activity

Office:	Corporate Marketing Department (CorMar)			
Classification:	Complex			
Type of Transaction:	G2G- Government to Government			
Who May Avail:	Proponent Offices/end-user in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Properly accomplished CAG-EARF (See CO 2016-0101)		Corporate Marketing		
2. Approved Corporate Order/ Circular				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for event assistance to CorMar (includes selection of venue, venue set-up,	1. Receive request.	None	3 Days	Administrative Team
	2. Coordinate with proponent office			Events Management Team
None	3. Facilitate event requirements		16 days and 7 hours	Events Management Team
2. Answer the CorMar Satisfaction Survey.	4. Request proponent office/end-user to answer the CorMar Satisfaction Survey.		1 hour	Events Management , Administrative Team
3. Submit accomplished Satisfaction Survey to CorMar.	5. Receive accomplished survey form from end-user.			Administrative Team
TOTAL:		None	20 Days	

9. Endorsement to Proponent/End-User of Requested Information Material/Corporate Giveaway/Promotional Item/ Event Material

Turn-over of material to proponent/end-user that was requested for development and procurement

Office:	Corporate Marketing Department (CorMar)
Classification:	Simple
Type of Transaction:	G2G- Government to Government
Who May Avail:	Proponent Offices/end-user in the Head Office

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
CorMar Satisfaction Survey Form		Corporate Marketing		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Receive the delivered and inspected materials from PRID	None	1 Day	Administrative Team
1. Receive procured materials from CorMar	2. Endorse the requested materials to the proponent office		2 Days	Administrative Team
2. Answer the CorMar Satisfaction Survey	3. Request proponent office/end-user to answer the CorMar			
3. Submit accomplished Satisfaction Survey to CorMar.	4. Receive accomplished survey form from end-user.			Administrative Team
TOTAL:		None	3 Days	

Corporate Affairs Group (CAG)

International and Local Engagement
Department
(ILED)

1. Evaluation of Project Proposals for Local Engagements

Since the major function of ILED is to mobilize resources (grants, technical assistance, and other forms of support) to sustain the various programs and projects of PhilHealth on social health insurance this service is a function of ILED provided to **internal clients** to evaluate their project proposals and thereafter and guide the development, submission and approval of such proposals that would need support from **local cooperation**.

Office:	International and Local Engagement Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	Officers and personnel within the PhilHealth community			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Concept Note/TOR/Project Proposal		Prepared by internal client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits a concept note/project proposal or Terms of Reference to ILED		None		Proponent office
None	1.1 ILED evaluates the concept note/project proposal/ TOR	None	3 Days	Project Development Officer III or Project Development Officer IV, ILED
None	1.2 If it passes the criteria set for local partnerships, inform proponent through a memorandum that it will be included in the TA agenda for presentation to management by way of memorandum	None	1 day	
None	1.3 If it fails the criteria set for local partnerships, inform proponent, through a memorandum.	None		
TOTAL:		None	4 Days	

2. Evaluation of Project Proposals for Foreign Assisted Projects

Since the major function of ILED is to mobilize resources (grants, technical assistance, and other forms of support) to sustain the various programs and projects of PhilHealth on social health insurance this service is a function of ILED provided to **internal clients** to evaluate their project proposals and thereafter and guide the development, submission and approval of such proposals that would need support from **international cooperation**.

Office:	International and Local Engagement Department			
Classification:	Simple			
Type of Transaction:	G2G-Government to Government			
Who may avail:	Officers and personnel within the PhilHealth community			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Concept Notes/Terms of Reference DOH Prescribed TA Request Form		Prepared by proponent office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the Concept Notes/Terms of Reference & DOH Prescribed TA Request Form to ILED		None		Proponent Office
None	1.1 ILED evaluates the concept note/project proposal/ TOR	None	3 Days	Project Development Officer III or Project Development Officer IV, ILED
None	1.2 If it passes the criteria set for international engagement, inform proponent through a memorandum that it will be included in the TA agenda for presentation to management .	None	1 Day	
None	1.3 If it fails the criteria set for international engagements, inform proponent, through a memorandum.			
	TOTAL:	None	4 Days	

3. Assistance in Application/Renewal of Official Passport

One of the functions of the International and Local Engagement Department is to coordinate the participation of PhilHealth to international trainings/conferences/workshops/meetings/fellowships/any activity on exchange of knowledge on Social Health Insurance, usually requiring foreign travel; as such part of this function is assisting participants in filing their application for official passport

Office:	International and Local Engagement Department			
Classification:	Simple			
Type of Transaction:	G2G- Government to Government			
Who may avail:	PhilHealth Officers and Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
DFA Requirements:		1. DFA website		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For application/renewal of official passport, personnel/officer to apply personally, and bring all the requirements to the DFA.		None	1 Day	Requesting officer or personnel of PhilHealth
	1.1 ILED liaison officer, or alternate, accompanies the personnel/officer in applying for official passport to the DFA.	None		Project Development Officer II or Administrative Services Assistant C, ILED
	1.2 Upon receipt of advise from ILED's Liaison Officer or his/her alternate picks up official passport on scheduled release date.	None	1 Day	
TOTAL:		None	2 Days	

Corporate Affairs Group (CAG)

Social Health Insurance Academy
(SHIA)

1. Request for Orientation on UHC IRR

Request made by any office in the central office to orient them on the provisions of UHC-IRR.

Office:	Social Health Insurance Academy (SHIA)
Classification:	Simple
Type of Transaction:	G2G – Government to Government
Who may avail:	All Offices in the Head Office

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A request through memorandum or email		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request through memorandum or email	1. Receive request and log in "Incoming" Logbook	None	2 Min.	Receiving staff/Clerk
Note	2. Discuss with the team for the scheduling and other preparatory works.		1 Hr.	Technical Team and SHIA SM
None	3. Confirm with the requesting office the final schedule thru phone call and e-mail		2 Min.	Receiving staff/Clerk
None	4. Prepare and send out Notice of Meeting to the requesting office and other participants		10 Min.	Receiving staff/Clerk
None	5. Prepare all the presentation materials to be used		1 day	Training Specialist-IV
2. Attend the Orientation	6. Conduct the Orientation on the scheduled date and venue		1 day	Technical Team and SHIA SM
TOTAL:		None	2 Days and 75 Mins.	

2. Request for a Conduct of 5-Day Training of Certificate Course on ICD-10

Request made by Central Office or PROs (PhilHealth Regional Offices) to conduct the Certificate Course on ICD-10 Coding in their area.

Office:	Social Health Insurance Academy (SHIA)			
Classification:	Highly Technical			
Type of Transaction:	G2G- Government to Government			
Who may avail:	All Offices in the Head Office and Regions			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Certificate Course on ICD-10 Checklist		Social Health Insurance Academy (SHIA)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request through memorandum or email.	1. Receive request and took down notes of the name, email address, phone numbers and affiliation of the caller/individual	None	3 Minutes	ICD-10 secretariat
2. Canvass training venue	2. Discuss with the ICD-10 team the possibility of conducting the training. a. Check SHIA calendar of activities b. See if with available ICD-10 speakers c. Discuss the possible venue/date	None	2 Days	ICD-10 Team and SHIA SM
2. Fill-out Registration Form and send back to SHIA	3. Prepare Corporate Personnel Order (CPO) and other documentary requirements.	None	1 day	Training Specialist-IV and ICD-10 secretariat

None	4. Follow-up signing of the CPO and start to work on the hotel quotations/catering. Make sure to count the 14 days (if with lease of venue) or 7 days (if catering services only) for submission to SBAC.	None	5 days	ICD-10 secretariat
None	5. Prepare presentation materials, participants kits, ICD-10 books, etc. (based on checklist)	None	2 days	Training Specialist-IV and ICD-10 secretariat
3. Attend the ICD-10 training and/or assist SHIA in the Conduct	6. Conduct the Certificate Course on ICD-10 Coding	None	5 days	ICD-10 Training Team and Speakers
TOTAL			15 Days and 3 Minutes	

Fund Management Sector (FMS)

Fund Management Sector (FMS)

Comptrollership -Branch Accounting Unit
(BAS)

1. Preparation of PRO Consolidated Trial Balance

Consolidation of PROs Financial Reports for Financial Statements Preparation in the Central Office

Office:	Branch Accounting Unit			
Classification:	Complex			
Type of Transaction:	G2G - Governemnt to Government			
Who May Avail:	Corporate Accounting Section			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Preliminary Trial Balance of PROs - 1 Soft Copy and 1 Original Copy		All checklist of requirements are from the Philhealth Regional Offices		
Cash Flow Statement - 1 Soft Copy and 1 Original hard Copy				
Fund Flow Statement - Soft Copy and 1 originak hard copy				
Property, Plant and Equipment schedule - 1 Soft Copy				
Schedule of Fund Transfer - 1 soft copy				
Schedule of Premium Income - 1 soft copy				
Schedule of Premium Income per Cash Flow - 1 soft copy				
Schedule of Benefit Expense - 1 Soft copy				
Schedule of Reciprocal Accounts - 1 soft copy				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
PRO accountant prepare and certify correctness of the required reports stated in the checklist of requirements to Branch Accounting Unit	Branch Accounting Unit will review and analyze PROs submitted Financial Reports and prepare a consolidated Trial Balance.	None	15 days after the ensuing months	1 Fiscal Controller III - Branch Accounting Unit
				3 Fiscal Controller II - Branch Accounting Unit.
TOTAL:		None	15 days after the ensuing months	

Fund Management Sector (FMS)

Comptrollership -Corporate Accounting Section
(CAS)

1. Preparation of Financial Statements

Consolidation of PROs and Head Office Trial Balance to come up with Financial Statements for management's decision making and for Public Information of the Financial Condition, Performance and other relevant information regarding the corporation

Office:	Corporate Accounting Section			
Classification:	Highly Technical			
Type of Transaction:	G2G (Internal and External)			
Who May Avail:	All PhilHealth Cost Centers			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
PROs Consolidated Trial Balance - 1 original Copy		Branch Accounting Section		
General Journal - 1 original Copy		Corporate Accounting Section		
Journal of Collection and Deposit - 1 original copy		Cash Division/Treasury Department		
Voucher Register -1 Original Copy		Disbursement Administration Section		
Check Register - 1 Original Copy		Cash Division and Corporate Accounting		
Trial Balance - Head Office - 1 original Copy		General Accounting Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. The Branch Accounting Unit, Cash Division, Disbursement Section shall submit respective reports to the Corporate Accounting Section	1.1 Corporate Accounting Section shall analyze and process to come with the Consolidated Trial balance and classify the accounts to come up with the Financial Statements	None	20 days after the ensuing month	1 Fiscal Controller IV - Corporate Accounting Section 2 Fiscal Controller III - General Accounting

			4 Fiscal Controller II - General Accounting Unit 2 Fiscal Examiner A - General Accounting Unit 2 Fiscal Controller 1 - General Accounting Unit
TOTAL:		None	20 days after the ensuing month

2. Securing Order of Payment

Information for Cashier as to type of transaction being paid as well as the account code to be encoded

Office:	Corporate Accounting Section			
Classification:	Simple			
Type of Transaction:	G2B,G2G			
Who May Avail:	Bidders, Philhealth Employees, Business Entities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Bid documents - 1 Original Copy		SBAC		
Notice of Appeal - 1 Original Copy		Arbitration Department		
Service Decision - 1 Original Copy		Arbitration Department		
Certificate of Finality - 1 Original Copy		Arbitration Department		
Accreditation Document - 1 Original Copy		Treasury Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

Present the required Document to be paid	1) Fill out the Order of Payment Document indicating the amount to be paid (listed on the bid docs, Notice of appeal, service Decision, Certificate of Finality and Accreditation Documents)	None	5 minutes	1 Fiscal Controller III - General Accounting Unit
	2) Direct the client to the Cashier Section at Room 1612 for payment	none		
TOTAL:		None	5 minutes	

Fund Management Sector (FMS)

Comptrollership -Disbursement Administration
Section (DAS) Remittance Unit

1. Processing of Bond for Accountable officers (SDOs, SCO and property officers)

To safeguard each bonded officer in doing their duties & responsibilities

Office:	Comptrollership Department			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Concerned internal clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Duly accomplished form 54A & 58A 2. Latest SALN (duly notarized/ CTC if xerox, should be not Negative Network) 3.Cert of No pending admin/ criminal case 4.Appointment/ Office Order/ Special Order 5. Copy of latest approved CPO			Through Outlook	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished & signed BTR form	1.Receive Bond application with complete attachment	None	15mins	Receiving/Releasing Clerk-AICD
None	2.Record to CDMS and Forward to Fiscal Controller for processing and preparation of DV	depend on the amount of their bond (Php 150-Php75,000)	15mins	
None	3.Process and prepare DV	None		
None	4.Forward to OCM for signature of Box A	None	15mins	Processor - Fiscal Controller-AICD
None	5.Review and sign	None		Sr. Manager, Cpomptrollership Dept
None	6.Once signed by the Sr. Manager, Forward to Budget for Funding	None		OCM releasing clerk

None	7.Once funded, forward to DAS for pre-audit	None	1.5days	BAS
None	8.DAS receives DV. Record to CDMS then forward to Processor	None		Receiving/Releasing Clerk-DAS
None	9. Process according to documentary requirements	None		Processor - Fiscal Controller (DAS)
None	10. Encode Journal Entries in FARU. Print JEV. Sign then forward to Box B Signatory	None		
None	10.Review and sign B2 hard copy. approve in FARU, the system assigns DV#	None		
None	11.Once signed, forward to signatory of Box C for approval	None		Fiscal Controller III - DAS
None	12.Once approved, Releasing clerk forward to cashier	None	15mins	Receiving/Releasing Clerk - DAS
None	13.Upon signing of check, The cashier advice Fiscal Controller of DAS.	None		Cash Division
None	14.Prepare necessary documents needed for deposit. Coordinates with the BOT staff for the check availability and the officers to be bonded Pay to Bureau of Treasury. Deposit check	None		DAS Processor - Fiscal Controller
Total:		Php 150-75,000	2.5 working days	

Fund Management Sector (FMS)

Comptrollership -Disbursement Administration
Section (DAS)

1. Processing of Bond for Accountable officers (SDOs, SCOs and property officers)

To safeguard each bonded officer in doing their duties & responsibilities

Office:	Comptrollership Department			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	Concerned internal clients			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
1. Duly accomplished form 54A & 58A 2. Latest SALN (duly notarized/ CTC if xerox, should be not Negative Network) 3.Cert of No pending admin/ criminal case 4.Appointment/ Office Order/ Special Order 5. Copy of latest approved CPO			Through Outlook	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished & signed BTR form	1.Receive Bond application with complete attachment	None	15mins	Receiving/Releasing Clerk AICD
None	2.Record to CDMS and Forward to Fiscal Controller for processing and preparation of DV	depend on the amount of their bond (Php 150-Php75,000)	15mins	
None	3.Process and prepare DV	None		
None	4.Forward to OCM for signature of Box A	None	15mins	Processor - Fiscal Controller-AICD
None	5.Review and sign	None		Sr. Manager, Cpomptrollership Dept
None	6.Once signed by the Sr. Manager, Forward to Budget for Funding	None		OCM releasing clerk

None	7.Once funded, forward to DAS for pre-audit	None	1.5days	BAS
None	8.DAS receives DV. Record to CDMS then forward to Processor	None		Receiving/Releasing Clerk-DAS
None	9. Process according to documentary requirements	None		Processor - Fiscal Controller (DAS)
None	10. Encode Journal Entries in FARU. Print JEV. Sign then forward to Box B Signatory	None		
None	10.Review and sign B2 hard copy. approve in FARU, the system assigns DV#	None		
None	11.Once signed, forward to signatory of Box C for approval	None		Fiscal Controller III - DAS
None	12.Once approved, Releasing clerk forward to cashier	None	15mins	Receiving/Releasing Clerk - DAS
None	13.Upon signing of check, The cashier advice Fiscal Controller of DAS.	None		Cash Division
None	14.Prepare necessary documents needed for deposit. Coordinates with the BOT staff for the check availability and the officers to be bonded Pay to Bureau of Treasury. Deposit check	None		DAS Processor - Fiscal Controller
Total:		Php 150-75,000	2.5 working days	

2. Processing of CAF

To ensure availability of funds for every project/activity

Office:	Comptrollership Department			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Concerned internal clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Three copies of Duly accomplished CAF (must be signed by end user) 2. CPO or d		Through Outlook		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit ROF CAF	1.Receive funded ROF CAF from BAS	None	15 minutes	Receiving/Releasing Clerk- DAS
None	2.Record to CDMS and Forward to Fiscal Controller for processing	None		
None	3.Process according to Documentary Requirements	None		Processor - Fiscal Controller (DAS)
None	4.Forward to Signatory for Certification of Funds Availability	None		
None	5.Review and sign	None		Signatory - Fiscal Controller (DAS)
None	6.Back to Processor to assign CAF Number	None		
None	Processor to retain a photocopy for future reference	None		Processor - Fiscal Controller (DAS)
None	Forward to releasing	None		
None	Back to end user	None	15mins	Receiving/Releasing Clerk (DAS)
TOTAL:		None	30mins	

3. Processing of Disbursement Vouchers

Pre-audit disbursement vouchers in order to have a check prepared to pay an individual or an organization for goods sold or services rendered.

Office:	Disbursement Administration Section (DAS)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	External and Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Budget Utilization Request (BUR) Form (3 original copies)		Financial Accounting Reporting Utility (FARU)		
Disbursement Vouchers (DV) (4 original copies)		Financial Accounting Reporting Utility (FARU)		
Documentary requirements as stated in CO 2020-0118		Various sources		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Log in to FARU	1. DAS will receive the documents from the Budget Administration Section and pre-audit the transaction.	None	1.5 wdays for simple transactions; 3 wdays for complex transactions	1. Receiving Clerk – Disbursement Administration Section (DAS)
2. Enter all the details for DV preparation	2. Prepare the necessary accounting entries.	None		2. Processor – DAS
3. Print DV and BUR	3. Certify the completeness of the documentary requirements.	None		3. Fiscal Controller III / Authorized Box B signatory (DAS) in accordance with the Corporate Order on the Delegation and Signing Authority

4. Attach documentary requirements for the particular transaction	4. Approve the payment of the transaction.	None	1.5 wdays for simple transactions; 3 wdays for complex transactions	4. Head, Das / Authorized Box C signatory (DAS) in accordance with the Corporate Order on the Delegation and Signing Authority
5. Sign Box A	5. Transmit the documents (manually and electronically) to the Cash Division for check preparation.	None		5. Receiving/releasing clerk (DAS)
6. Transmit the documents to the Budget Administration Section – Comptrollership Dept. manually and electronically using the FARU		None		
TOTAL:		None	1.5 days for simple transactions; 3 days for complex transactions	

4. Processing of Payroll Deduction-GSIS, Pag-Ibig, Provident Fund, HDMF

Disbursement Administration Section Processes the Payroll

Office:	Comptrollership Department	
Classification	Highly Technical	
Type of Transaction	G2G - Government to Government	
Who May Avail:	Human Resources Department, Comptrollership Department, Treasury Department, Information Technology Management Department	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE

Loan Deduction Request- 1 original accomplished form		Disbursement Administration Section (DAS), Accounting and Internal Control Division (AICD) Comptrollership Department		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill up loan deduction request	Process loan deduction request	None	1.25 days	Analyst processor from the DAS, AICD, Comptrollership Department
2. Submit request before the deadline	Act on the request submitted	None	1.25 days	Analyst processor from the DAS, AICD, Comptrollership Department
3. Encode applicable deductions to PIP	Analyze the applicable deductions to	None	1.25 days	Analyst processor from the DAS, AICD, Comptrollership Department
4. Extract from PIPS	Deduction for the concerned loans were effected in the payroll	None	1.25 days	Analyst processor from the DAS, AICD, Comptrollership Department
Total:		None	5 working days	

Fund Management Sector (FMS)

Comptrollership -Fiscal Management Division
(FMD)

1. Corporate Operating Budget (COB) Preparation

This covers the COB preparation of all cost centers including evaluation and approval of the PhilHealth Board.

Office:	Fiscal Management Division (FMD), Comptrollership Department			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Cost Centers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Original Budget Preparation Guidelines (1copy)		FMD		
a. Corporate Thrusts and Priorities (Corporate and Office Level)		CorPlan		
b. Budget Limit and Forward Estimates		FMD		
c. Budget Calendar				
2. Updated PBS Library (Original signed List of Standard Activities/SEPP items- 1 copy each))		CorPlan, Physical Resources and Infrastructure Departemt (PRID) and Information Management Sector (IMS)		
3. Original signed Summary of Budget Proposals from the different Cost Centers (1 copy)		All Cost Centers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Conduct of Planning and Budget Fo	None		10 days	Planning and Budget Officers/Designates - All Cost Centers
2. Encoding of budget proposals in the Philealth Budget System (PBS)	None		30 days	Budget Officers/Designates- All Cost Centers
3. Online submission of budget proposals thru PBS	1. Review and evaluate budget proposals		30 days	
4. Submission of hard copies duly approved by Sector Head and Revional Vice President				
Planning and Budget				

None	2. Presentation of budget proposals to the Management (PBC, ExeCom and RiscCom) and Board for Approval	None	45 days	Planning and Budget Committee-Technical Working Group (PBC-TWG)
None	a. Preparation and of COB reference materials			
None	b. Review and approval of reference materials			
None	3. Submission of Approved COB to the Department of Budget and Management (DBM)		10 days	Fiscal Management Division Staff-Comptrollership Department
TOTAL:		None	125 days (based on approved Planning and Budget Calendar (Annex in the Corporate Guidelines in the Preparation of COB)	

Fund Management Sector (FMS)

Comptrollership -Budget Administration Section (BAS)

1. Budget Execution

Earmarking - Processing of Financial Transactions Needing Certification of Budget Availability in the Head Office (ABC)

Office:	Budget Administration Section (BAS)/Fiscal Management Division (FMD)/Comptrollership Dept.
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Classification:	Complex
Type of Transaction:	G2G - Government to Government
Who May Avail:	All Cost Centers/Employees in PhilHealth
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Approved Budget for the Contract (ABC)	
1.) One (1) original copy of duly accomplished Budget Execution Form (BEF-3)	Budget Officer Designate (BOD) of the concerned cost center
2.) Two (2) original copies of duly accomplished Approved Budget for the Contract (ABC) Form	
3.) One (1) original copy of duly certified Matrix of Canvass	
4.) Quotations a . One (1) original for each of at least three (3) quotations for common use/ regular/ off-the-shelf supplies and equipment that can be supplied by several suppliers/ contractors/ service providers b. One (1) original copy of at least one (1) quotation for those that may be supplied by a limited number of suppliers/ contractors/ service providers/ consultants; provided that the End-user shall show proof that at least three (3) Request for Quotations were issued c. One (1) original copy of at least one (1) quotation for those that can only be supplied by a single proprietary source, provided that the End-user secures from the proprietary source a certificate of exclusive distributorship agreement or a similar document. Provided further, that for foreign vendors, the said certifications is authenticated by the Philippine Embassy or Consulate or Philippine Overseas Labor Office (POLO) where the Head Office of the proprietary goods or service is located.	

5.) One (1) photocopy of approved amendment of the Annual Procurement Plan (APP) or Certification from SBAC in the case of Head Office of PRO BAC in the case of PhilHealth Regional Offices, that the activity/ item is for inclusion in the APP amendment and approved Project Procurement Management Plan (PPMP), if applicable		Budget Officer Designate (BOD) of the concerned cost center		
6.) One (1) photocopy of approved Corporate Personnel Order (CPO), Technical Specifications (for goods and services) / Terms of Reference (for consulting services) / Scope of Work (for infrastructure projects), whichever is applicable				
7.) One (1) photocopy of approved Report on Realignment of Funds (ReReF), if applicable				
8.) One (1) original copy of breakdown of budgetary requirement per object of expenditures/ cost centers, if the activity/item to be conducted/procured is chargeable to various expenses/ cost centers				
9.) One (1) original copy of ABC calculation based on the following formulae, whichever is the lowest: a. Average of all valid quotations b. Median of valid quotations c. Lowest quotation plus 5% allowance for price escalation d. Single Quotation supported by Agency Estimate e. Agency estimate supported by breakdown of costs duly-approved by the Sector/ Group Head/ Chairperson (if applicable)		Budget Officer Designate (BOD) of the concerned cost center		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

Attach the documentary requirements for certifying the budget availability in the Approved Budget for the Contract	None	None		Budget Officer Designate (BOD) of the concerned cost center
Submit the ABC to Budget Administration Section (BAS) for earmarking	None	None		
None	1.1 Receives the ABC and makes the initial screening of documents as to completeness of attachments and signatures 1.2 Records and assigns reference number to the documents	None	3 days upon receipt	Receiving Personnel Budget Administration Section (BAS)
None	2. Review/evaluates and recommends budget availability	None		Budget Analyst Budget Administration Section (BAS)
None	3. Certifies budget availability	None		Authorized Signatory Budget Administration Section (BAS)
None	4. Releases processed documents	None		Releasing Personnel Budget Administration Section (BAS)

TOTAL:	None	3 days upon receipt	
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2. Budget Execution

Earmarking - Processing of Financial Transactions Needing Certification of Budget Availability in the Head Office

Office:	Budget Administration Section (BAS)/Fiscal Management Division (FMD)/Comptrollership Dept.
Classification:	Complex
Type of Transaction:	G2G - Government to Government
Who May Avail:	All Cost Centers/Employees in PhilHealth
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
CORPORATE PERSONNEL ORDER (CPO)	
1.) One (1) original copy of duly accomplished Budget Execution Form (BEF-2)	
2.) One (1) original copy of duly accomplished Document Review and Approval Request (DRAR) Form	
3.) Two (2) photocopies of Corporate Personnel Order (with DRAFT watermark in one copy)	

4.) One (1) photocopy of approved amendment of the Annual Procurement Plan (APP) or Certification from SBAC in the case of Head Office of PRO BAC in the case of PhilHealth Regional Offices, that the activity/ item is for inclusion in the APP amendment and approved Project Procurement Management Plan (PPMP), if applicable		Budget Officer Designate (BOD) of the concerned cost center		
5.) One (1) photocopy of approved Report on Realignment of Funds (ReReF), if applicable				
6.) One (1) original copy of Breakdown of estimated budgetary requirement per cost center/object of expenditure signed by the head of the cost center				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Attach the documentary requirements for certifying the budget availability in the Corporate Personnel Order	None	None		Budget Officer Designate (BOD) of the concerned cost center
Submit the CPO to Budget Administration Section (BAS) for earmarking	None	None		Budget Officer Designate (BOD) of the concerned cost center
None	1.1 Receives the CPO and makes the initial screening of documents as to completeness of attachments and signatures 1.2 Records and assigns reference number on the documents	None		Receiving Personnel Budget Administration Section (BAS)

None	2. Review/evaluates and recommends budget availability	None	3 days upon receipt	Budget Analyst Budget Administration Section (BAS)
None	3. Certifies budget availability	None		Authorized Signatory Budget Administration Section (BAS)
None	4. Releases processed documents	None		Releasing Personnel Budget Administration Section (BAS)
TOTAL:		None	3 days upon receipt	

3. Budget Execution - Obligation of Budget Utilization (CAPEX)

This process covers processing of all documents for obligation

This process covers processing of documents for obligation.			
Office:	Budget Administration Section (BAS)/Fiscal Management Division (FMD)/Comptrollership Dept.		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government		
Who may avail:	All offices/Employees in the Head Office of PhilHealth		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Capital Expenditures (CAPEX)			
1. Office Equipment/ Information and Communication Technology Equipment/ Furnitures and Fixtures			
1.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)			

1.2 Two (2) photocopies of Approved Budget for the Contract, if applicable
1.3 Two (2) photocopies of Certificate of Availability of Funds (CAF), if applicable
1.4 Two (2) photocopies of Job Order/Purchase Order
1.5 Two (2) photocopies of the list of distribution per cost center/ object of expenditures, if the item for payment is chargeable to various offices/ expenditures
1.6 Two (2) photocopies of approved Purchase of Request
1.7 Two (2) copies (1 original and 1 photocopy) of Statement of Account/ Billing Statement
2. Motor Vehicle
2.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
2.2 Two (2) photocopies of Approved Budget for the Contract (ABC)
2.3 Two (2) photocopies of Certificate of Availability of Funds (CAF)
2.4 Two (2) photocopies of Job Order/Purchase Order

Budget Officer Designate of concerned cost centers

2.5 Two (2) photocopies of the list of distribution per cost center, if the item for payment is chargeable to various offices		Secretariat for the Bids Awards and Committees (SBAC) / Physical Resources and Infrastructure Department (PRID)		
2.6 Two (2) photocopies of DBM approval/recommendation letter				
2.7 Two (2) photocopies of Letter of Authority from Department of Health (DOH), if applicable				
2.8 Two (2) photocopies of approved PhilHealth Board Resolution (PBR)				
2.9 Two (2) photocopies of BAC Resolution, Notice of Award and Notice to Proceed				
2.10 Two (2) copies (1 original and 1 photocopy) Statement of Account/ Billing Statement				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Attach the documentary requirements for certifying the budget availability in the Budget Utilization Request (BUR)	None	None		Budget Officer Designate (BOD) of concerned cost centers
Submit the BUR to Budget Administration Section (BAS) for obligation	None	None		

None	1.1 Receives the BUR and makes the initial screening of documents as to completeness of attachments and signatures 1.2 1.2 Records and assigns reference number to the documents	None	2 days upon receipt	Receiving Personnel Budget Administration Section (BAS)
None	2.1 Review/evaluates and recommends budget availability 2.2 Encode the obligation number, expense code and budget availability in FARU	None		Budget Analyst Budget Administration Section (BAS)
None	3. Signs and certifies budget availability	None		Authorized Signatory Budget Administration Section (BAS)
None	4. Releases processed documents	None		Releasing Personnel Budget Administration Section (BAS)
TOTAL:		None	2 days upon receipt	

4. Budget Execution - Obligation of Budget Utilization (MOOE)

This process covers processing of all documents for obligation

Office:	Budget Administration Section (BAS)/Fiscal Management Division (FMD)/Comptrollership Dept.
Classification:	Simple

Type of Transaction:	G2G - Government to Government
Who may avail:	All offices/Employees in the Head Office
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Maintenance and Other Operating Expenses (MOOE)	
1. Travel Expenses (Grant of Cash Advance)	
1.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)	
1.2 Two (2) photocopies of approved Corporate Personnel Order (CPO)	
1.3 Two (2) copies (1 original and 1 photocopy) of approved Itinerary of Travel	
1.4 Two (2) photocopies of Airline or bus booking, whichever is applicable	
2. Travel Expenses (Liquidation and Reimbursement)	
2.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)	
2.2 Two (2) photocopies of approved Corporate Personnel Order (CPO)	
2.3 Two (2) copies (1 original and 1 photocopy) of approved Itinerary of Travel	
2.4 Two (2) copies (1 original and 1 photocopy) of Certificate of Appearance/ Attendance	
2.5 Two (2) copies (1 original and 1 photocopy) of Paper/ electronic plane (print-out), boat or bus tickets, boarding pass, terminal fee	
2.6 Two (2) copies (1 original and 1 photocopy) copies of Hotel room/lodging bills (statement of account/OR) for hotel accommodations in excess of Daily Travel Expenses	
3. Registration Fees - Seminar/Training	

3.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
3.2 Two (2) photocopies of approved Corporate Personnel Order (CPO)
3.3 Two (2) photocopies of Invitation Letter stating the amount of registration fee
3.4 Two (2) photocopies of PDC resolution in case the training cost is beyond the allowable rate or in case of foreign training based on existing policy
4. Utility Expenses
4.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
4.2 Two (2) copies (1 original and 1 photocopy) of Statement of Account/Billing Statement
4.3 Two (2) copies (1 original and 1 photocopy) of Certificate of expenses incurred
4.4 Two (2) copies (1 original and 1 photocopy) of summary of charges if BUR is for two (2) or more billing period
5. Advertising Expenses
5.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
5.2 Two (2) copies (1 original and 1 photocopy) of Statement of Account/Billing statement
5.3 Two (2) copies (1 original and 1 photocopy) of Certificate of services rendered

Budget Officer Designate of concerned cost centers

5.4 Two (2) photocopies of approved Certificate of Availability of Funds (CAF)
5.5 Two (2) photocopies of Approved Budget for the Contract (ABC)
6. Catering Services
6.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
6.2 Two (2) copies (1 original and 1 photocopy) of approved CPO or Notice of Meeting, whichever is applicable
6.3 Two (2) copies (1 original and 1 photocopy) of Statement of Account/ Billing Statement
6.4 Two (2) copies (1 original and 1 photocopy) of attendance sheet
6.5 Two (2) photocopies of Approved Budget for the Contract (ABC)
7. Lease of Venue
7.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
7.2 Two (2) photocopies of approved CPO for the conduct of the activity
7.3 Two (2) copies (1 original and 1 photocopy) of Statement of Account/ Billing Statement
7.4 Two (2) copies (1 original and 1 photocopy) of attendance sheet
7.5 Two (2) photocopies of Approved Budget for the Contract (ABC)
7.6 Two (2) photocopies of Certificate of Availability of Funds (CAF)
7.7 Two (2) photocopies of BAC Resolution
7.8 Two (2) photocopies of breakdown of budgetary requirement per object of expenditures/ cost centers, if the activity/item to be
8. Remuneration (Job Order Contractors)
8.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)

8.2 Two (2) original copies of certified computation of claim	Human Resource Department
8.3 Two (2) copies (1 original and 1 photocopy) of approved DTR	
8.4 Two (2) copies (1 original and 1 photocopy) of accomplishment report	
8.5 Two (2) photocopies of approved Contract of Service	
9. Reimbursement of Institutional Meeting Expenses (IME) and Committee Meeting Expenses (CME)	Budget Officer Designate of concerned cost centers
9.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)	
9.2 Two (2) copies (1 original and 1 photocopy) of approved Notice of Meeting	
9.3 Two (2) copies (1 original and 1 photocopy) of attendance sheet	
9.4 Two (2) copies (1 original and 1 photocopy) of Statement of Account/Official Receipts	
9.5 Two (2) copies (1 original and 1 photocopy) of summary of charges if BUR is for two (2) or more meeting expenses	
9.6 Two (2) copies (1 original and 1 photocopy) of Authority to Reimburse for the entitled officers/employees (if the claimant is not the entitled officers/employees)	
10. Payment of Purchases from PS-DBM	Secretariat for the Bids Awards and Committees (SBAC) / Physical Resources and Infrastructure Department (PRID)
10.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)	
10.2 Two (2) photocopies of approved Agency Procurement Request (APR)	
10.3 Two (2) photocopies of distribution list per Cost Center	

10.4 Two (2) photocopies approved Purchase Request				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Attach the documentary requirements for certifying the budget availability in the Budget Utilization Request (BUR)	None	None		Budget Officer Designate (BOD) of concerned cost centers
Submit the BUR to Budget Administration Section (BAS) for processing/obligation	None	None		
None	1.1 Receives the BUR and makes the initial screening of documents as to completeness of attachments and signatures 1.2 1.2 Records and assigns reference number to the documents	None	2 days upon receipt	Receiving Personnel Budget Administration Section (BAS)
None	2.1 Review/evaluates and recommends budget availability 2.2 Encode the obligation number, expense code and budget availability in FARU	None		Budget Analyst Budget Administration Section (BAS)
None	3. Signs and certifies budget availability	None		Authorized Signatory Budget Administration Section (BAS)

None	4. Releases processed documents	None		Releasing Personnel Budget Administration Section (BAS)
TOTAL:		None	2 days upon receipt	

5. Budget Execution - Obligation of Budget Utilization

This process covers processing of all documents for obligation

Office:	Budget Administration Section (BAS)/Fiscal Management Division (FMD)/Comptrollership Dept.		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government		
Who may avail:	All offices/Employees in the Head Office		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Personal Services (Salaries, Benefits and Allowances)			
1. Payment of First Salary			
1.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)			
1.2 Two (2) original copies of duly certified computation of claim from Human Resource Department			
1.3 Two (2) copies (1 original and 1 photocopy) of approved DTR			
1.4 Two (2) photocopies of duly approved Notice of Appointment			
1.5 Two (2) photocopies of Oath of Office			
1.6 Two (2) photocopies of Certificate of Assumption to Duty			
1.7 Two (2) photocopies of Assignment order, if applicable			

1.8 Two (2) photocopies of Memorandum of Agreement between the Mother Agency and PhilHealth (if detailed or under secondment)
2. Payment of Maternity Leave Pay
2.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
2.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
2.3 Two (2) photocopies of Approved Application for Leave
2.4 Two (2) photocopies of Approved Maternity Clearance
2.5 Two (2) copies (1 original and 1 photocopy) of Medical Certificate for Maternity Leave
3. Payment of Maternity Leave after assumption to duty
3.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
3.2 Two (2) photocopies of duly certified computation of claim from Human Resource Department
3.3 Two (2) photocopies of Certificate of Assumption to Duty
3.4 Two (2) photo copies of approved DTR
4. Payment of actual Services Rendered if the employee reported to work during Maternity Leave
4.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
4.2 Two (2) photocopies of duly certified computation of claim from Human Resource Department
4.3 Two (2) photocopies of Certificate of Assumption to Duty

4.4 Two (2) copies (1 original and 1 photocopy) of approved DTR
4.5 Two (2) copies (1 original and 1 photocopy) of Medical Certificate that the employee is physically fit to work
5. Payment of Salary Differential due to Promotion
5.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
5.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
5.3 Two (2) photocopies of duly approved Notice of Appointment
5.4 Two (2) photocopies of Certificate of Assumption to Duty
5.5 Two (2) copies (1 original and 1 photocopy) of approved DTR
6. Payment of Salary Differential due to Step Increment
6.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
6.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
6.3 Two (2) photocopies of Notice of Salary Adjustment (NOSA)
6.4 Two (2) copies (1 original and 1 photocopy) of approved DTR
7. Payment of Salaries after Assumption to Duty when the employee was excluded from the payroll due to exhausted leave credits
7.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
7.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
7.3 Two (2) copies (1 original and 1 photocopy) of Certification form HRD that the employee was not included in the payroll for the period being

7.4 Two (2) copies (1 original and 1 photocopy) of approved DTR
8. Payment of Last Salary
8.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
8.2 Two (2) copies (1 original and 1 photocopy) of duly certified computation of claim from Human Resource Department
8.3 Two (2) copies (1 original and 1 photocopy) of approved DTR
8.4 Two (2) photocopies of acceptance of Resignation/ Retirement
8.5 Two (2) photocopies of clearance from GSIS of no outstanding loan
9. Payment of Terminal Leave Pay
9.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
9.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
9.3 Two (2) copies (1 original and 1 photocopy) of approved DTR
9.4 Two (2) photocopies of Notice of Salary Adjustment showing the highest salary received if the salary under the last appointment is not the highest
9.5 Two (2) photocopies of clearance from GSIS of no outstanding loan
10. Payment of Representation Allowance and Transportation Allowance (RATA)
10.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
10.2 Two (2) original copies of duly certified computation of claim from Human Resource Department

10.3 Two (2) photocopies of Notice of Appointment (for plantilla positions)
10.4 Two (2) photocopies of approved Corporate Personnel Order for Acting/Officer-in-charge (OIC)
10.5 Two (2) photocopies of Certificate of Assumption to Duty
10.6 Two (2) photocopies of Certificate of Services Rendered signed by the immediate supervisor
10.7 Two (2) photocopies of certification that the official/ employee did not use government vehicle and is not assigned any government vehicle
11. Payment of Loyalty Pay Cash Incentive (Government Service)
11.1 Three (3) original original copies of duly accomplished Budget Utilization Request (BUR)
11.2 Two (2) copies (1 original and 1 photocopy) of certification from HRD that the claimant is entitled to Loyalty Pay
11.3 Two (2) photocopies of certification of non-payment from previous office/agency, if applicable
11.4 Two (2) copies (1 original and 1 photocopy) of certification from HRD/HRU that the claimant is entitled to the Loyalty Cash Incentive and was not included in any payroll paid for the same period covered and the reason for non-inclusion
12. Payment of Mid-Year Bonus/ Year-End Bonus and Cash Gift

Human Resource Department (HRD)

12.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
12.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
12.3 Two (2) photocopies of certification of non-payment from previous office/agency, if applicable
12.4 Two (2) copies (1 original and 1 photocopy) of certification from HRD/HRU that the claimant was not included in any payroll paid for the same period covered and the reason for non-inclusion
12.5 Two (2) photocopies of approved guidelines for the purpose
13. Payment of Special Counsel Allowance
13.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
13.2 Two (2) original copies of summary of claims for two (2) or more appearances
13.3 Two (2) photocopies of Certificate of Savings for the purpose
13.4 Two (2) copies (1 original and 1 photocopy) of Certificate of Appearance issued by the Officer of the Clerk of Court
14. Payment of Monetization of Leave Credits
14.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)

14.2 Two (2) original copies of duly approved computation of claim
14.3 Two (2) photocopies of approved application of Monetization of Leave Credits
15. Payment of Collective Negotiation Agreement (CNA)
15.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
15.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
15.3 Two (2) photocopies of approved guidelines for the purpose
15.4 Two (2) photocopies of certification of savings from the allowable MOOE allotments for the applicable Corporate Year
15.5 Two (2) photocopies of approved guidelines for the purpose
16. Overtime Pay
16.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
16.2 Two (2) original copies of duly certified computation of claim from Human Resource Department
16.3 Two (2) copies (1 original and 1 photocopy) of approved DTR

16.4 Two (2) photocopies of approved Corporate Personnel Order to render overtime services
16.5 Two (2) copies (1 original and 1 photocopy) from HRD/HRU that the claimant was not included in any payroll paid for the same period covered and the reason for non-inclusion
17. Per Diem of Board Members
17.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
17.2 Two (2) original copies of duly certified general payroll
17.3 Two (2) copies (1 original and 1 photocopy) of Certificate of attendance for those who attended thru video conference
17.4 Two (2) copies (1 original and 1 photocopy) of duly signed Notice of Meeting
17.5 Two (2) copies (1 original and 1 photocopy) of attendance sheet
18. Payment of Salary/ Benefits/ Allowances / Bonuses payable to heirs of deceased employee
18.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)
18.2 Two (2) original copies of duly certified computation of claim from HRD
18.3 Two (2) copies (1 original and 1 photocopy) of approved DTR and guidelines, whichever is applicable

18.3 Two (2) photocopies of Death Certificate				
19. Payment of Other Benefits/ Allowances / Bonuses				
19.1 Three (3) original copies of duly accomplished Budget Utilization Request (BUR)				
19.2 Two (2) original copies of duly certified general payroll				
19.3 Two (2) copies (1 original and 1 photocopy) of certification from HRD/HRU that the claimant is entitled to the benefits/ allowances/ bonuses and was not included in any payroll paid for the same period covered and the reason for non-inclusion				
19.4 Two (2) photocopies of approved guidelines for the purpose				
19.5 Two (2) photocopies of Corporate Personnel Order (CPO), if applicable				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Attach the documentary requirements for certifying the budget availability in the Budget Utilization Request (BUR)	None	None		Human Resource Department (HRD)
Submit the BUR to Budget Administration Section (BAS) for obligation	None	None		

None	1.1 Receives the BUR and makes the initial screening of documents as to completeness of attachments and signatures 1.2 Records and assigns Obligation number to the documents	None	2 days upon receipt	Receiving Personnel Budget Administration Section (BAS)
None	2.1 Review/evaluates and recommends budget availability 2.2 Encode the obligation number, expense code and budget availability in FARU	None		Budget Analyst Budget Administration Section (BAS)
None	3. Signs and certifies budget availability	None		Authorized Signatory Budget Administration Section (BAS)
None	4. Releases processed documents	None		Releasing Personnel Budget Administration Section (BAS)
TOTAL:		None	2 days upon receipt	

Fund Management Sector (FMS)

Comptrollership -System Support and
Development Office

1. Clearance Request

Processing of Clearance request for Multiple role accounts (FARU ACCOUNTS)

Office:	Comptrollership Department - System Support and Development Unit (SSDU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	PhilHealth Offices User			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Justification Memo (per CO no. 2019-0047) (1 photocopy or scanned copy)		IT Helpdesk Unit or refer to IMS advisory dated August 29, 2019 re: Process Flow on the Grant of Access to Several Application System		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure and accomplish the listed requirements. 2. Email the scanned and approved: *Justification memo *3AF *CPO(optional) to comptro.support@philhealth.gov.ph	Evaluate and Process the Request	No Fees required	1 - 3 days	Staff/Senior Manager, System Support and Development Unit
TOTAL:		None	1 - 3 days upon receiving of request	

2. FARU Data extraction

Processing of data extraction from FARU database

Office:	Comptrollership Department - System Support and Development Unit (SSDU)
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government

Who may avail:	PhilHealth Offices users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request through e-mail (comptro.support@philhealth.gov.ph) or accomplished Comptrollership Technical support form with attached memo from originating office/s address to the Senior manager of Comptrollership Department.		Technical support form - Comptrollership Department (SSDU)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request through e-mail: 1. Secure and scan the approved memo of request. 3. Email the request to comptro.support@philhealth.gov.ph. 4. Follow-up on the status of request.	Evaluate and Process the Request	None	8 - 20 days (Upon receiving of request)	SSDU Staff, Office of the Comptrollership Manage
Request using support form: 1. Secure and accomplish a Comptrollership Technical Support form. 2. Submit the form along with approved memo to the office of the Comptrollership Manager 3. Follow-up on the status of request.				
TOTAL:		NONE	8-20 days upon receiving of request	

3. FARU Library Maintenance

Processing of FARU Library Maintenance

Office:	Comptrollership Department - System Support and Development Unit (SSDU)			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	FARU users			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request through e-mail (comptro.support@philhealth.gov.ph) or accomplished Comptrollership Technical support form		Comptrollership Department (SSDU)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request through e-mail: 1. State the nature of request. 2. provide the necessary details (ex. Full name of Creditor, Tin Number, Address, etc.) 3. Email the request to comptro.support@philhealth.gov.ph. 4. Follow-up on the status of request.	Evaluate and Process the Request	None	1 - 3 days (upon receiving the request)	SSDU Staff
Request using support form: 1. Secure and accomplish a Comptrollership Technical Support form. 2. Submit the form to the Comptrollership Dept. (SSD) unit. 3. Follow-up on the status of request.				

TOTAL:	None	1 -3 days upon receiving of request	
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4. FARU support for FMS Personnel

Processing of FARU request from FMS personnel (accounting, budget)

Office:	Comptrollership Department - System Support and Development Unit (SSDU)
Classification:	Complex
Type of Transaction:	G2G - Government to Government
Who may avail:	FARU users (FMS personnel)

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request through e-mail (comptro.support@philhealth.gov.ph) or accomplished Comptrollership Technical support form	Comptrollership Department (SSDU)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request through e-mail: 1. State the nature of request. 2. provide the necessary details (ex. Request Number, JV reference Number, Amount, etc.) 3. Email the request to comptro.support@philhealth.gov.ph. 4. Follow-up on the status of request.	Evaluate and Process the Request	None	4 -7 days (upon receiving the	SSDU Staff

Request using support form: 1. Secure and accomplish a Comptrollership Technical Support form. 2. Submit the form to the Comptrollership Dept. (SSD) unit. 3. Follow-up on the status of request.	Evaluate and Process the Request	None	Receiving the request)	SSDU Staff
TOTAL:		None	4-7 days upon receiving of request	

5. FARU Hardware/Software System Support

Processing of Hardware/Software System Support

Office:	Comptrollership Department - System Support and Development Unit (SSDU)
Classification:	Simple
Type of Transaction:	G2G - Government to Government
Who may avail:	Computer users (Comptrollership Department personnel)
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Request through e-mail (comptro.support@philhealth.gov.ph) or accomplished Comptrollership Technical support form	Comptrollership Department (SSDU)

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request through e-mail: 1. State the nature of request. 2. provide the necessary details (ex. Application error, Printer error, Network Disconnected, etc.) 3. Email the request to comptro.support@philhealth.gov.ph. 4. Follow-up on the status of request.	Evaluate and Process the Request	None	1 - 3 days (upon receiving the request)	SSDU Staff, ITMD technical support
Request using support form: 1. Secure and accomplish a Comptrollership Technical Support form. 2. Submit the form to the Comptrollership Dept. (SSDU) unit. 3. Follow-up on the status of request.				
TOTAL:		None	1 -3 days upon receiving of request	

Fund Management Sector (FMS)

Office of the Senior Vice President
Managerial Finance Section

1. Issuance of Financial Reports

Provides Financial Reports for information and reference of requesting parties, other than those mandatory monthly/quarterly/annual reports

Office:	Managerial Finance Section			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Other Government/Oversight Agencies/Congress, All PhilHealth Cost Center			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter or Email Request: Original/Soft Copies		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Send letter or email request	1. Evaluate the request	None	15 minutes	FC IV, Managerial Finance Section
	2. Prepare the reports *If the source of the requested report is not in the custody of the MFS, secure first from Comptrollership or Treasury Department		1 - 3 working days *depends on the complexity of the requested report **depends also if requested report needs data from other offices outside FMS	FC IV, Managerial Finance Section
	3. Review and approve the reports		40 minutes	SVP, FMS
	4. Once report is cleared for submission, forward the same to the requesting office		5 minutes	Social Insurance Assistant I, Managerial Finance Section
TOTAL:		None	1 - 3 working days	

Fund Management Sector (FMS)

Treasury Department

1. Payment of Approved Disbursement Vouchers

Check Releasing

Office:	Treasury Department, Cash Division			
Classification:	Simple			
Type of Transaction:	G2B - Government to Business; G2G - Government to Government			
Who May Avail:	Business Entity for suppliers, Another Government Agency, PhilHealth Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1 original set of BIR authorized Official Receipt (OR)		Provided by the Business Entity and Agency/ Payee		
2 valid government issued IDs of claimant - present the original and 1 photocopy for Cash Division's file				
1 original authorization letter of authorized personnel with attached photocopy of government issued ID of authorizing personnel of business entity				
For payee who is a PhilHealth employee/other government agencies/ former employee(s) of PhilHealth - 1 original notarized Special Power of Attorney for authorized representative of employee who is not an immediate family and with attached photocopy of 1 valid government issued ID of payee				
For family member of payee who is a PhilHealth employee /other government agencies/ former employee(s) of PhilHealth - authorization letter of payee with attached photocopy of valid government issued ID of payee and 2 valid government issued IDs of authorized representative				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
G2B - Suppliers				
Present the applicable documentary	Validate the documents presented.	None	2 minutes	Check releasing personnel

requirements enumerated above to Cash Division upon claiming of check	Retrieve DV and check.			Cash Division, Treasury Department
Sign the original copy of approved disbursement voucher and issue original Official Receipt (OR)	Review the OR issued	None	3 minutes	Check releasing personnel Cash Division, Treasury Department
Sign the Check Register	Release the check	None	1min	
Sign the Tax Certificate original and receiving copy	Release the supplier’s copy of tax certificates (Form 2306 and/or 2307)	None	2mins	
G2G - Government Agency				
Present the documentary requirements to Cash Division upon claiming of check	Validate the documents presented. Retrieve DV and check.	None	2mins	Check releasing personnel Cash Division, Treasury Department
Sign the disbursement voucher and issue OR	Review the OR issued	None	3mins	
Sign the Check Register	Release the check	None	1min	
G2G - Government Employee				
Present valid ID	Validate ID presented. Retrieve DV and check.	None	2mins	Check releasing personnel Cash Division, Treasury Department
Sign the disbursement voucher and check register	Release the check	None	1min	
G2G - Government Employee's Representative				
Present Authorization Letter/Special Power of Attorney (SPA), whichever is applicable, and valid IDs	Validate documents presented. Retrieve DV and check.	None	2mins	Check releasing personnel Cash Division, Treasury Department

Sign the disbursement voucher and check register	Release the check	None	1min	
TOTAL:		None	20 minutes	

Health Finance Policy Sector (HFPS)

Health Finance Policy Sector (HFPS)

Accreditation Department (AD)
Office of the Manager

1. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Office of the Manager_Accreditation Department			
Classification:	Simple			
Type of Transaction:	G2B - Government to Business; G2C - Government to Citizen; G2G - Government to Government			
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
None	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
None	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
None	4. Prepare the response to inquiry	None	30 minutes	APRDD/ACRD-Technical staff
None	5. Draft routed for approval of the Division Chief	None	30 minutes	APRDD/ACRD-Division Chief/Clerk
None	6. if with correction return to the concerned personnel for revision, if approved proceed to next step	None	30 minutes	APRDD/ACRD-Clerk/Technical Staff
None	7. Route to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary
None	8. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager

None	9. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	10. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL:		None	2 hours and 2 minutes	

2. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Accreditation Department			
Classification:	Complex			
Type of Transaction:	G2B - Government to Business; G2C - Government to Citizen; G2G - Government to Government			
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	1 day	APRDD/ACRD-Technical staff

	5. Prepare response to inquiry – takes max of 1 day	None	1 day	APRDD/ACRD-Technical staff
	6. Draft routed for approval of the Division Chief	None	1 hour	APRDD/ACRD-Division Chief/Clerk
	7. if with correction return to the Concerned personnel for revision, if approved proceed to next step	None	1 hour	APRDD/ACRD-Clerk/Technical Staff
	8. Route to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary
	9. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager
	10. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	11. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL:		None	2 days, 2 hours, 55 minutes	

3. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Accreditation Department
Classification:	Highly Technical
Type of Transaction:	G2B - Government to Business; G2C - Government to Citizen; G2G - Government to Government
Who May Avail:	Health Care Providers, Government Agencies, LGUs, Members and other partners

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	1. Receive inquiry thru email/mail	None	10 minutes	AD Office of the Manager-Receiving Clerk
	2. Assign to concerned staff	None	5 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	5 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	2 days	APRDD/ACRD-Technical personnel
	5. Conduct meetings in relation to the inquiry	None	1 day	AD-Senior Manager/APRDD or ACRD-Division Chiefs/Technical staff
	6. Prepare response to inquiry – takes max of 3 day	None	3 days	APRDD/ACRD-Technical personnel
	7. Draft response routed for approval of the Division Chief	None	1 day	APRDD/ACRD-Division Chief/Clerk
	8. if with correction return to the Concerned personnel for revision, if approved proceed to next step	None	1 day	APRDD/ACRD-Clerk/Technical Staff
	9. Revise draft routed to OSM for approval	None	5 minutes	AD Office of the Manager-Secretary

	10. SM approved/signed response	None	20 minutes	AD Office of the Manager-Senior Manager
	11. Response shall be emailed/mailed to client	None	10 minutes	AD Office of the Manager-Releasing Clerk
2. Send acknowledgment receipt	12. Expect acknowledgement of receipt of client	None	upon receipt of the client	AD-Office of the Manager
TOTAL:		None	8 days, 55 minutes	

Health Finance Policy Sector (HFPS)

Benefits Development and Research
Department
(BDRD)

1. Development of New Benefits

The service involves the processing of designing new benefit packages for all PhilHealth members consistent with national health goals and feasible given financial resources

Office:	Benefits Development and Research Department (BDRD)			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizens			
Who May Avail:	Benefit packages are availed by members based on eligibility and clinical criteria			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved document review and approval request form (DRAR) 1 Orig Copy		BDRD		
Proof of complete staff work * Policy Review Checklist signed by Corplan 1 Orig Copy		Corporate Planning Department		
* Risk Assessment Certificate 1 Orig Copy		Office of the Program Management Team for Risk Management		
* Summary of policy comments 1 Orig Copy		BDRD		
Request for Layout and Publication 1 Orig Copy		Corporate Affairs Group		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	Benefit Scoping	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD

None	Data gathering and evidence generation	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Determination of minimum standards	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Development of costing model and costing of services	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Mapping of capable providers	None	Involves multi-stage processing; processing time varies	SM Accreditation Department, RVP PhilHealth Regional Offices (PROs)
None	Development of contracting/accreditation standards	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD in collaboration with the VP Quality Assurance Group (QAG)

None	Development of monitoring indicators	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD in collaboration with the VP Quality Assurance Group (QAG)
None	Engagement with stakeholders (internal and external)	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Bundling of services (standards)	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Designing the provider payment mechanism	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Conduct of Risk Management Meeting/s	None	Involves multi-stage processing; risk management meetings usually take 3-4 hours per meeting	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD

None	Submission of documents (spreadsheets of costing estimates and benefits design) to actuary for actuarial cost estimation	None	three days depending on comments and availability of approving officer	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Presentation to Execom	None	1 day	Senior Manager, MS III, CSIS BDRD
None	Presentation to Bencom	None	1 day	Senior Manager, MS III, CSIS BDRD
None	Presentation to the PhilHealth Board	None	1 day	Senior Manager BDRD, SVP, HFPS
None	Pre-testing the prototype benefit package (as needed)	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Drafting the guidelines of the benefits policy for implementation	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Validation and gathering of feedback from stakeholders (internal and external) on the draft of the benefits policy	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD

None	Routing of the guidelines for approval	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Request for publication of the approved guidelines	None	Submission of request may take three days; excludes actual lay-out and approval of the lay-out of the material	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Orientation of internal and external stakeholders	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
TOTAL:		None		

2. Review of Existing Benefit Packages

This service involves the review of the standards and costing of existing benefit packages based on available evidence and market information and in consultation with pertinent stakeholders. Results of the review serve as basis for updating the policies of the benefit packages.

Office:	Benefits Development and Research Department (BDRD)
Classification:	Highly Technical
Type of Transaction:	G2C - Government to Citizen
Who May Avail:	Benefit packages are availed by members based on eligibility and clinical criteria

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Approved document review and approval request form (DRAR) 1 Orig		BDRD		
Proof of complete staff work		Corporate Planning Department		
* Risk Assessment Certificate 1 Orig Copy		Office of the Program Management Team for Risk Management		
* Summary of policy comments 1 Orig Copy		BDRD		
Request for Layout and Publication 1 Orig Copy		CAG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	Updating of standards based on best current medical evidence	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Review of costing estimates of the benefit package in collaboration with stakeholders	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Review/updating of contracting standards in collaboration with	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD) in collaboration with the VP Quality Assurance Group (QAG)
None	Development of costing model and costing of services	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)

None	Review of monitoring indicators in collaboration with stakeholders	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD) in collaboration with VP QAG
None	Consultations, validations, and feedback from stakeholders on the reviewed draft of the benefits policy	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Review of provider payment mechanism in collaboration with stakeholders	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Conduct of Risk Management Meeting/s	None	Involves multi-stage processing; risk management meetings usually take 3-4 hours per meeting	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Submission of reviewed documents (spreadsheets of costing estimates and benefits design) to actuary for actuarial cost estimation	None	three days depending on comments and availability of approving officer	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) (BDRD)
None	Presentation to Execom	None	1 day	Senior Manager, MS III, CSIS BDRD
None	Presentation to Bencom	None	1 day	Senior Manager, MS III, CSIS BDRD

None	Presentation to the PhilHealth Board	None	1 day	Senior Manager BDRD, SVP, HFPS
None	Drafting of the guidelines of the updated/revised benefits policy	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Validation and gathering of feedback from stakeholders (internal and external) on the draft of the updated/revised	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Routing of the revised/updated benefits policy for approval	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Request for publication of the approved updated/revised guidelines	None	Submission of request may take three days; excludes actual lay-out and approval of the lay-out of the material	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
None	Orientation of internal and external stakeholders on the revised/updated benefits policy	None	Involves multi-stage processing; processing time varies	MS III, CSIS, SIS, Social Insurance Analyst I, Social Insurance Assistant I (2) BDRD
TOTAL:		None		

Health Finance Policy Sector (HFPS)

Office of the Senior Vice President-HFPS

1. Inquiries from Internal/External Stakeholders thru Email/Mail

Action on Inquiries received by the office through email

Office:	Office of the Senior Vice President			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send inquiry thru email/mail	Receive mail/email inquiry	None	2 minutes	CLERK III OSVP HFPS
None	Encoding of document to database	None	30 minutes to 2 hours	Clerk III osvp hfps
None	Initial review of document	None	1 day	Social Insurance Assistant I or Executive Assistant IV osvp hfps
None	Document to be reviewed by the SVP	None	1 day	Senior Vice President osvp hfps
None	Route to concerned staff/office for action	None	1 hour	Clerk III osvp hfps
None	Prepare the response to inquiry	None	3 days	SIA I/EA IV/Office under HFPS
None	If with correction return to the concerned personnel for revision, if approved proceed to next step	None	1 hour	clerk III osvp hfps
None	For approval and signature of the SVP	None	1 day	Senior Vice President osvp HFPS

None	Response shall be emailed/mailed to client	None	1 day	Clerk III osvp hfps
2. Send acknowledgment receipt	Expect acknowledgement of receipt of client	None		
	TOTAL		7 days	

Health Finance Policy Sector (HFPS)

Philhealth CARES Management Office (PCMO)

1. Consolidation of Quarterly Reports for P-CARES

Collate, analyze and submit reports submitted by P-CARES

Office:	PhilHealth CARES Management Office			
Classification:	Simple			
Type of Transaction:	G2G-Government to Government			
Who may avail:	OSVP- HFPS, CorPlan, OPCEO			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Online reports from P-CARES Nationwide to be encoded in google forms		Deployed P-CARES nationwide		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Tally and encode the operations report for the respective reporting month	1. Collate and analyze the monthly operations report submitted by the P-CARES for the applicable quarter.	None	5 days	P-CARES/ SIA 1
None	2. Submit consolidated reports to OSVP- HFPS, CorPlan, OPCEO	None	1 day	P-CARES/ SIA 1
TOTAL:		None	6 days	

2. Consolidation of Quarterly Reports for P-Malasakit Personnel

Collate, analyze and submit reports submitted by P-Malasakit personnel

Office:	PhilHealth CARES Management Office			
Classification:	Simple			
Type of Transaction:	G2G-Government to Government			
Who may avail:	OSVP- HFPS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Online reports from P- Malasakit Personnel nationwide to be encoded in google forms		P-Malasakit Personnel		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Tally and encode the operations report for the respective reporting month	1. Collate and analyze the monthly operations report submitted by the P- Malasakit Personnel for the applicable quarter.	None	5 days	P-CARES/ SIA 1
None	2. Submit consolidated reports to OSVP- HFPS	None	1 day	P-CARES/ SIA 1
TOTAL:		None	6 days	

3. Consolidation of Quarterly Reports for ReachOut

Collate, analyze and submit reports submitted by ReachOut Staff Nationwide

Office:	PhilHealth CARES Management Office			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	OSVP- HFPS, CorPlan			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Reports submitted by ReachOut Staff via gmail		ReachOut Staff		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Tally and encode the activities conducted by ReachOut to HCIs and Non HCIs.	1. Collate and analyze the Monthly Tally of activities conducted by the ReachOut Staff for the applicable quarter.	None	5 days	ReachOut Staff / Clerk III
None	2. Submit consolidated reports to OSVP- HFPS and CorPlan	None	1 day	ReachOut Staff / Clerk III
TOTAL:		None	6 days	

4. Policy Development For P-CARES, ReachOut And P-Malasakit

Policy development is a process where policy is formulated or enhanced

Office:	PhilHealth CARES Management Office (PCMO)			
Classification:	Highly Technical			
Type of Transaction:	G2G			
Who may avail:	Deployed P-CARES, P-CARES Team Leaders, ReachOut and P-Malasakit Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Policy Draft (1 original Copy)		PCMO		
DRAR (1 original copy)		PCMO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
None	1. Create a draft policy to be submitted to PCMO Head.	None	20 days	P-CARES/ SIA 1
TOTAL:			20 days	

5. Processing of PhilHealth Patient Feedback Form

Submission of processed PhilHealth Patient Feedback Form responses quarterly

Office:	PhilHealth CARES Management Office			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who may avail:	SMD			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Consolidated PPFF responses encoded by P-CARES via google forms		P-CARES Team Leaders		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. P-CARES encodes the responses of clients to google forms provided to them.	1. Collate the consolidated PPFF responses submitted by P-CARES Team Leaders nationwide for the applicable quarter.	None	5 days	P-CARES/ SIA 1
None	2. Submit processed PPFF quarterly to SMD	None	1 day	P-CARES/ SIA 1
TOTAL:		None	6 days	

Health Finance Policy Sector (HFPS)

Program Management Team for Claims (PMT-
Claims)

1. Approval of Data Amendment Requests

Collate, analyze and endorsement of approval of data amendment request

Office:	Program Management Team for Claims			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PRO HCDMD / BAS			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Data Amendment Request Form 1 orig or soft copy		PRO CLAIMS / HCDMD		
Incident Report 1 orig or soft copy		PRO CLAIMS / HCDMD		
Claim documents 1 orig or soft copy		PRO CLAIMS / HCDMD		
Any other supporting documents 1 orig or soft copy		PRO CLAIMS / HCDMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PRO Claims to endorse data amendment request	1. PMT - Claims to review / validate the request	None	6 Days	SIA I, PMT - CLAIMS
2. Endorsement / Approval	2. PMT Claims to endorse approval to SVP - HFPS for approval	None	1 day	SSIS, MS III, PMT - CLAIMS
TOTAL:		None	7 Days	

2. Generation of Requested Reports on PhilHealth Corporate Dashboard / NCLAIMS

Collate, analyze and endorsement of report generated

Office:	Program Management Team for Claims
Classification:	Simple
Type of Transaction:	G2G
Who May Avail:	CORPLAN, OCOO, PROS, HFPS

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memorandum on Data Request 1 orig or soft copy		client		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receiving of request	1. PMT - Claims to review / validate the request	None	1 hour	SIA I, PMT - CLAIMS
2. Generation of reports	2. PMT Claims to endorse requested report / data	None	1 day	SIA I, PMT - CLAIMS
3. Approval to release	3. HEAd of PMT claims approves releasing of data	none	1 day	MS III, PMT-Claims
4. Releasing of report	4. PMT-Claims releases data requested	none	1 hour	SIA I, PMT - CLAIMS
TOTAL:			3 days	

3. Policy Development for Claims Processing

Policy development is a process where policy is formulated or enhanced

Office:	Program Management Team for Claims			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	HFPS OCOO PROs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Policy Draft 1 orig copy		PMT - Claims		
DRAR 1 orig copy		PMT - Claims		
* Risk Assessment Certificate 1 orig copy		Office of the Program Management Team for Risk Management		
* Summary of policy comments 1 orig copy		PMT - Claims		
Request for Layout and Publication 1 orig copy		CAG		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Formulate Policy Agenda	1. Create a draft policy.	None	15 days	MS III, SSIS, SIA I, PMT - Claims

2. Review and provide comments, as necessary.	2. Revise as necessary and forward to concerned offices for approval of policy	None	4 days	MS III, SSIS, SIA I, PMT - Claims
3. Routing for approval	3. Routing / endorsement to concerned offices for approval	None	1 day	MS III, SSIS, SIA I, PMT - Claims
TOTAL:		None	20 days	

4. System Enhancement Requests

Requesting for NCLAIMS system enhancement request to harmonize with existing policies

Office:	Program Management Team for Claims
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who may avail:	SVP- HFPS, COO, PROs

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
System Amendment Request (SARF) 1 orig copy	PMT - Claims
Service Request Form (SRF) 1 orig copy	PMT - Claims
System Requirement Specification (SRS) 1 orig copy	PMT - Claims

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Business Process Owner (BPO) drafts the SARF to be included in the request for system enhancement	1. PMT Claims to review endorsed SARF	None	5 days	BAS Head or RVP PhilHealth Regional Office
2. PMT - Claims to generate SRF for endorsement to ITMD including the SARF	2. PMT Claims to endorse the SARF and SRF to ITMD	None	5 days	SIA I PMT - CLAIMS
3. ITMD to prepare the SRS	3. PMT Claims to review the SRS and approve if it is compliant to the requested update	None	1 day	System Analyst, ITMD

4. Testing of system enhancement request	4. PMT Claims to test the system and checks for compliance to the endorsed request	None	7 days	MS III, SSIS, SIA I PMT - CLAIMS,
TOTAL:		None	18 days	

Health Finance Policy Sector (HFPS)

Standards and Monitoring Department
(SMD)

1. Health Care Provider Performance Assessment System (HCPPAS) - Management of Complaints/Reports/Referrals (Complex)

This is one of the primary monitoring tool from HCPPAS which is able to address the complaints/reports/referrals forwarded to the Region to monitor the performance of HCPs

Office:	Standards and Monitoring Department			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen			
Who May Avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of complaint 1copy original; report indicating all the details		Complainant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the letter of complaint	1. Receive complaints/reports/referrals; 2. Provide feedback to the complainant within five (5) working days upon receipt of the complaint/report/referral (ARTA of 2007) on the resolution/status of the complaint/report/referral 4. Endorse complaint/report/referral to the concerned Office for appropriate action.	None	7 days	Assigned staff from PRSDD for issues on standards on quality of care Assigned staff from PMD on deviations to standards on quality of care
TOTAL:		None	7 days	

2. Health Care Provider Performance Assessment System (HCPPAS) - Management of Complaints/Reports/Referrals (Highly Technical)

This is one of the primary monitoring tool from HCPPAS which is able to address the complaints/reports/referrals forwarded to the Region to monitor the performance of HCPs

Office:	Standards and Monitoring Department			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter of complaint 1copy original; report indicating all the details necessary to address the case being referred (1 original copy)		Complainant		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit the letter of complaint	1. Receive complaints/reports/referrals; 2. Provide feedback to the complainant within five (5) working days upon receipt of the complaint/report/referral (ARTA of 2007) on the resolution/status of the complaint/report/referral 4. Endorse complaint/report/referral to the concerned Office for appropriate action.	None	20 days	Assigned staff from PRSDD for issues on standards on quality of care Assigned staff from PMD on deviations to standards on quality of care
TOTAL:		None	20 days	

3. Health Care Provider Performance Assessment System (HCPPAS) - Referral to Quality Assurance Committee (QAC) from PROs

This is a process of getting expert opinion from specialty societies on the issue of quality of care

Office:	Standards and Monitoring Department (SMD)			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Regional Offices or Health Finance Policy Sector Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Complete Staff Work of Referrals (1 photo copy)		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

<p>Submit referrals with CSW done to SMD attaching all necessary documents like complete claim documents</p>	<p>1. The QAC Secretariat receives the referred case;</p> <p>2. Provides timestamp and QAC referral number (QRN) (ex. 03-20190613-0001) which includes:</p> <ul style="list-style-type: none"> • Procode – first 2 digits (based on database) • Date - should be written in this format <YYYYMMDD> • Case number – chronological sequence based on date of receipt which resets every calendar year <p>3. Evaluation of case referrals</p> <p>3.1 The QAC Secretariat conducts initial review by checking completeness of documents using the Checklist of Documents for QAC Referral (Annex A)</p>			
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	<p>If complete,</p> <p>3.1.1 Identifies the following:</p> <ul style="list-style-type: none"> a. The case is not yet covered by existing policies b. The case is covered by existing policies but needs clarification (due to gray areas in the policy) (ex. Use of analogous codes) c. The case is similar to a previous case already resolved by the QAC d. Through claims profiling using the Power BI, the case is a local or a nationwide issue. <p>3.1.1.1 Determines if the case needs peer review.</p> <p>If yes,</p> <p>3.1.1.2 refer to concerned specialty society and proceed to 6.3.1</p> <p>If no,</p> <p>3.1.2.3 prepare for pre-QAC and proceed to 6.3.2</p>			
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	<p>4. The QAC Secretariat facilitates the Peer Review of cases by medical specialty societies.</p> <p>4.1 Prepares the case for peer review;</p> <p>4.2 Sends a referral letter with attached complete pertinent documents to the concerned medical specialty society;</p> <p>4.3 Receives the recommendation of the medical specialty society on the referred case.</p> <p>4.4 The QAC Secretariat prepares for Pre-QAC Meeting</p> <p>4.5 Prepares the agenda for pre-QAC.</p> <p>4.6 Coordinates with the following for their availability:</p> <p>a. SVP for HFPS</p>			
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	<p>4.7 Prepares (but not limited to) the following logistical requirements:</p> <ul style="list-style-type: none"> a. Notice of Meeting b. Presentation materials c. Venue and meals of the meeting d. Equipment requirements (LCD, laptop, IC recorder, etc.) <p>4.8 Conduct of Pre-QAC Meeting</p> <p>4.9 The QAC Secretariat presents the agenda items;</p> <p>4.10 The SVP for HFPS and VP for QAG decides on the presented agenda items in reference to the provided Pre-QAC decision criteria in Annex B;</p> <p>4.11 The QAC Secretariat receives the decision of the SVP for HFPS and VP for QAG.</p> <p>Note 1: In certain instances, the</p>	None	<p>Resolutions of the case depends on the following:</p> <ul style="list-style-type: none"> a. nature of the referral b. availability of specialty societies c. responsiveness of specialty societies 	SMD being the secretariat of the committee
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	<p>5. The QAC secretariat prepares the following to be sent to the QAC members prior the scheduled QAC meeting:</p> <ul style="list-style-type: none"> a. Notice of Meeting b. Confirmation form and minutes of the previous meeting c. Agenda <p>6. The QAC secretariat prepares the following prior to the scheduled QAC meeting:</p> <ul style="list-style-type: none"> a. Approved agenda b. Final presentations (c/o referring office for case referrals from offices within the CO) c. Draft QAC Resolution (Annex C) per case referral to be presented (c/o referring office for case referrals from offices within the CO) d. Venue including request for extension of aircon (when necessary) e. Parking reservation for 	20 days		
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	<p>7. The QAC Secretariat ensures that there is a quorum and informs the Chairperson. A quorum shall comprise 50% + 1 expert members;</p> <p>7.1 The Chairperson presides over the meeting;</p> <p>7.2 The QAC members approves the minutes of the previous meeting and agenda;</p> <p>7.3 Note: A member may request for inclusion of other matters for discussion;</p> <p>7.4 The QAC Secretariat presents the agenda items;</p> <p>7.5 The QAC expert members provides their expert opinion and recommendations;</p>			
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	<p>7.6 The Chairperson recaps the discussions and agreements;</p> <p>7.7 The QAC Secretariat finalizes the resolutions;</p> <p>7.8 The QAC members approves the resolutions.</p> <p>Note: In certain instances, the representative of concerned offices presents their agenda.</p> <p>Post-QAC meeting activities</p>
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	<p>8 The QAC Secretariat prepares the minutes of the meeting (Annex E) for approval of the following:</p> <ul style="list-style-type: none"> a. SM of SMD b. VP for QAG c. SVP for HFPS <p>9. Provides copies of approved minutes of the meeting to the QAC members thru electronic mail;</p> <p>10. Provides copies of approved resolutions to all concerned offices for their reference and guidance thru electronic mail with the following note:</p> <p>FOR INTERNAL USE ONLY. DO NOT DISSEMINATE.</p> <p>11. Provides other documents, as may be necessary.</p>			
TOTAL:		None	20 days	

4. Provide technical assistance to other organizational units that require expert medical advice and inputs (Complex)

The PRSDD process referrals from PhilHealth Regional Offices (PROs) and other internal offices (e.g. Legal Office) resulting to an output that is

Office:	Standards and Monitoring Department			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who may avail:	PhilHealth Regional Offices and/or other internal offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memorandum to the senior manager (1 copy original)		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit a referral memo addressed to senior manager	1. Receive memo by secretary and forward to senior manager for information. 2. Senior manager review and assign technical person in-charge. 3. Designated technical personnel to process the referral.	None	7 days	Assigned staff from PRSDD for issues on standards on quality of care Assigned staff from PMD on deviations to standards on quality of care

	<p>4. Provide feedback to the concerned office within five (5) working days upon receipt of the referred case (ARTA of 2007) regarding status/plan of action/recommendation of the case.</p> <p>5. Endorse back to the concerned Office for information and/or appropriate action, if necessary.</p>			
TOTAL:		None	7 days	

5. Provide technical assistance to other organizational units that require expert medical advice and inputs (Highly Technical)

The PRSDD process referrals from PhilHealth Regional Offices (PROs) and other internal offices (e.g. Legal Office) resulting to an output that is

Office:	Standards and Monitoring Department			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Regional Offices and/or other internal offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memorandum to the senior manager (1 copy original)		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

Submit a referral memo addressed to senior manager	1. Receive memo by secretary and forward to senior manager for information. 2. Senior manager review and assign technical person in-charge. 3. Designated technical personnel to process the referral.	None	20 days	Assigned staff from PRSDD for issues on standards on quality of care Assigned staff from PMD on deviations to standards on quality of care
	4. Provide feedback to the concerned office within five (5) working days upon receipt of the referred case (ARTA of 2007) regarding status/plan of action/recommendation of the case. 4. Endorse back to the concerned Office for information and/or appropriate action, if necessary			
TOTAL:		None	20 days	

Information Management Sector (IMS)

Information Management Sector (IMS)

ICT Planning, Policy and Standards Division
(IPPSD-OCIO)

1. Preparation of Initial Draft of ICT Policy/Standard Operating Procedure (SOP)

Crafting of new ICT policy/SOP or revision of approved ICT policy/SOP

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Officers of PhilHealth and Members of Audit Body			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. TOP Level Management/ CIO / Audit Body / Division Chief provides directive to draft an ICT policy/SOP	1.1 Receives and logs the directives in the receiving logbook	None	10 Minutes	Clerk III IPPSD
	1.2 Endorse the directives to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Conducts research on the subject matter	None	5 Days	CMT II, ITO I IPPSD
	1.4 Consult with Subject Matter Experts (SME) and seek inputs from them	None	10 Days	CMT II IPPSD
	1.5 Consolidates input from SME	None	1 Day	CMT II IPPSD
	1.6 Prepares the draft ICT policy/SOP based on the research and inputs from SME	None	3 Days	CMT II IPPSD
	1.7 Endorse the initial draft to supervisor for review	None	15 Minutes	CMT II IPPSD
TOTAL:		19 Days and 30 Minutes		

2. Review of ICT Policy/Standard Operating Procedure (SOP) (Initial Draft)

Review of initial draft ICT policy/SOP by next higher supervisor

Office:	IPPSD			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits initial draft of the policy/SOP for review	1.1 Receives and log the document in the receiving logbook	None	10 Minutes	Clerk III IPPSD
	1.2 Endorse the draft policy to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Review of the initial draft	None	3 Days	
	1.4 Return the initial draft with comments/instructions to policy/SOP author	None	15 Minutes	ITO I IPPSD
	1.5 Apply revisions/comments from next higher supervisor, if any	None	2 Days	CMT II IPPSD
TOTAL:		5 Days and 30 Minuets		

3. Sending Out of ICT Policy/Standard Operating Procedure (SOP) for Review

Sends out of the initial draft of policy/SOP to the concerned offices for review

Office:	IPPSD
Classification:	Simple
Type of Transaction:	G2G - Government to Government

Who May Avail:	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits final draft of the policy/SOP	1.1 Receives and log the document in the receiving logbook	None	10 Minutes	
	1.2 Endorse the final draft of the policy/SOP to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Draft the email message or cover memo for the concerned staff/officers to request for review of the draft.	None	1 Day	CMT II IPPSD
	1.4 Send the email with the draft ICT policy/SOP to the concerned staff/officers	None	15 Minuets	Clerk III IPPSD
	1.5 Monitor the status of the draft ICT policy/SOP	None	15 Minuets	Clerk III IPPSD
TOTAL:		1 Day and 45 Minutes		

4. Finalization and Approval of Policy/SOP

Finalize and sends out the draft ICT policy/SOP for approval of concerned offices

Office:	IPPSD		
Classification:	Highly Technical		
Type of Transaction:	G2G - Government to Government		
Who May Avail:	All Employees and Officers of PhilHealth		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None		Not Applicable	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits comments on the draft policy/SOP	1.1 Receives and log the document in the receiving logbook	None	10 Minutes	Clerk III IPPSD
	1.2 Endorse the notice to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Revise the draft ICT Policy/SOP based on the consolidated comments from concerned offices	None	15 Days	CMT II IPPSD
	1.4 Prepares and attach the Summary of Comments	None	4 Hours	CMT II IPPSD
	1.5 Prepares and attach the Meeting Summary	None	4 Hours	CMT II IPPSD
	1.6 Attach the Policy Checklist	None	15 Minutes	CMT II IPPSD
	1.7 Review and Finalize all the documents required for the approval of the policy/SOP including the DRAR	None	3 Days	ITO I IPPSD
	1.7 Endorse finalized ICT policy/SOP to concerned offices for document approval	None	15 Minutes	Clerk III IPPSD
	1.8 Monitor the status of the ICT policy/SOP	None	15 Minutes	Clerk III IPPSD
TOTAL:			19 Days and 1 Hour	

5. Conduct Risk Assessment

Conduct Risk Assessment on the proposed Information and Communications Technology (ICT) policies/SOP

Office:	IPPSD			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client issues a notice for the preparation of Risk Assessment	1.1 Receives and log the document in the receiving logbook	None	10 Minutes	Clerk III IPPSD
	1.2 Endorse the notice to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Perform risk analysis using the Risk Assessment forms	None	3 Days	CMT II IPPSD
	1.4 Accomplish the Risk Assessment forms	None	1 Day	CMT II IPPSD
	1.5 Print the draft ICT policy and accomplished Risk Assessment Forms and endorse to supervisor for approval	None	15 Minutes	CMT II IPPSD
	1.6 Finalize the Risk Assessment Forms and endorse to RM Point Person and CIO for signature	None	1 Day	ITO I IPPSD
	1.7 Return the signed Risk Assessment forms to IPPSD	None	1 Day	Clerk III Office of the CIO

1.8 Route the accomplished Risk Assessment forms to Risk Management Department for issuance of Risk Assessment Certification (RAC)	None	15 Minutes	Clerk III IPPSD
1.9 Monitor the status of the documents.	None	15 Minutes	Clerk III IPPSD
TOTAL:		6 days and 1 Hour	

6. Assessment of Standards on Corporate Issuance

Assess the compliance to corporate issuance standards (for ICT policies only)

Office:	IPPSD			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits drafted policy	1.1 Receives and log the document in the receiving logbook	NONE	10 Minutes	Clerk III IPPSD
	1.2 Endorse the notice to the concerned team	NONE	5 Minutes	Clerk III IPPSD
	1.3 Assess the compliance of the draft to corporate issuance standards using the Policy Review Checklist.	NONE	2 Days and 4 Hours	CMT II IPPSD

	1.4 Print and endorse the Policy Review Checklist with the draft ICT policy/SOP to the IPPSD Div. Chief for signature.	NONE	15 Minuets	CMT II IPPSD
	1.5 Route the draft ICT policy/SOP with the cover memo to the concerned staff/officers	NONE	15 Minuets	Clerk III IPPSD
	1.6 Monitor the status of the draft ICT policy/SOP	NONE	15 Minuets	Clerk III IPPSD
TOTAL:			2 Days and 5 Hours	

7. Conduct Policy/SOP Review-Other Offices

Conducts review of policy/SOP requested by other offices

Office:	IPPSD			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Properly accomplished Policy Review Request		Senior Manager and/or Division Chief of concerned offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Clients submits request for review of policy/SOP	1.1 Receives and log the document in the receiving logbook	None	10 Minutes	Clerk III IPPSD
	1.2 Endorse the notice to the concerned team	None	5 Minutes	Clerk III IPPSD
	1.3 Performs the review and provide inputs on the policy/SOP	None	3 Days	CMT II IPPSD

1.4 Endorse the inputs/comments to supervisor for review and finalization	None	15 Minutes	CMT II IPPSD
1.5 Review the initial comment and place additional comments (if any).	None	2 Days	ITO I IPPSD
1.6 Finalize and prepare a memorandum containing the inputs/comments	None	1 Day	ITO I IPPSD
1.7 Sends out the memorandum to supervisor for signature	None	15 Minutes	ITO I IPPSD
1.8 Route the memorandum to the concerned office.	None	15 Minutes	Clerk III IPPSD
TOTAL:		6 days and 1 Hour	

8. ICT TOR / Tech Specs Review

Review of Terms of Reference (TOR) / Technical Specifications (Tech Specs) for the Procurement of Information and Communications Technology

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Offices and departments within PhilHealth with ICT-related procurement (Internal Clients)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Draft TOR / Tech Specs (including its Annexes, if		(Prepared by Internal Client/s)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client endorses the draft TOR/Tech Specs to the receiving clerk	1.1 Receives and logs the document in the receiving logbook	None	5 minutes	Clerk III IPPSD

1.2 Endorses the draft TOR/Tech Specs for review to assigned personnel	None	5 minutes	Clerk III IPPSD
1.3 Reviews the draft TOR/Tech Specs and prepares the TOR/Tech Specs Evaluation Checklist	None	14 days	ITO I IPPSD
1.4 Endorses to the IPPSD-Div. Chief the reviewed TOR/Tech Specs for issuance of TOR / Tech Specs Checklist clearance	None	10 minutes	ITO I IPPSD
1.5 Reviews the TOR/Tech Specs Evaluation Checklist and approves the TOR/Tech Specs Evaluation clearance / recommendation	None	5 days	Division Chief IV IPPSD
1.6 Endorses to the Clerk the TOR/Tech Specs for endorsement of the TOR / Tech Specs Checklist clearance / recommendation to client	None	10 minutes	Division Chief IV IPPSD
1.7 Records the documents in the outgoing logbook, endorses it to the Client for receiving, and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
TOTAL:		19 Days and 50 minutes	

9. Preparation of IT Preventive Maintenance (ITPM) Analytical Report

Consolidation of IT PM Reports and Preparation of Analytical Report on ITPM

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Electronic Copy of IT Preventive Maintenance Reports using the		PRO ITMS, ITMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. PRO ITMS and ITMD submits the ITPM reports to the IPPSD via email	1.1 Receives, checks if information provided are complete and compliant to the prescribed template, and logs the document in the ITPM Report Monitoring	None	5 days	Social Insurance Officer I IPPSD
	1.2 Prepares the consolidated and analytical report on the ITPM reports received	None	7 days	Social Insurance Officer I IPPSD
	1.3 Endorses to Supervisor the draft ITPM Analytical Report, consolidated reports/references, cover memorandum	None	10 minutes	Social Insurance Officer I IPPSD
	1.4 Reviews the ITPM Analytical Report and its cover memorandum	None	5 days	ITO I IPPSD

1.5 Endorses to the IPPSD-Div. Chief the reviewed ITPM Analytical Report and its cover memorandum for review and approval	None	10 minutes	ITO I IPPSD
1.6 Reviews and approves the ITPM Analytical Report and its cover memorandum	None	2 days	Division Chief IV IPPSD
1.7 Endorses to the Clerk the approved ITPM Analytical Report and its cover memorandum for routing	None	10 minutes	Division Chief IV IPPSD
1.8 Records the approved ITPM Analytical Report and cover memorandum in the outgoing logbook, endorses it to the OCIO for receiving, and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
TOTAL:		19 days and 50 minutes	

10. Preparation of Analytical Report on the IMS Client Satisfaction Feedback

Consolidation of the Information Management Sector's Client Satisfaction Feedback Forms (ICSFFs) and preparation of Analytical Report

Office:	IPPSD
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
One (1) Original Copy or Electronic Copy of Completely filled-out ICSFFs	IMS Offices, ICSFF Google Form site

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. IMS offices submits the received hard copy ICSFFs to the IPPSD; or Client fills out the ICSFFs thru the ICSFF Google Form link	1.1 Receives, checks if information provided are complete, and logs the ICSFF received	None	2 days	Clerk III / Social Insurance Officer I IPPSD
	1.2 Consolidates the ICSFFs and prepares the analytical report and cover memorandum on the ICSFF reports received	None	5 days	Social Insurance Officer I IPPSD
	1.3 Endorses to Supervisor the draft ICSFF Analytical Report, consolidated reports, cover memorandum	None	10 minutes	Social Insurance Officer I IPPSD
	1.4 Reviews the ICSFF Analytical Report and its cover memorandum	None	2 days	ITO I IPPSD
	1.5 Endorses to the IPPSD-Div. Chief the reviewed ICSFF Analytical Report and its cover memorandum for review and approval	None	10 minutes	ITO I IPPSD
	1.6 Reviews and approves the ITPM Analytical Report and its cover memorandum	None	1 day	Division Chief IV IPPSD
	1.7 Endorses to the Clerk the approved ICSFF Analytical Report and its cover memorandum for routing	None	10 minutes	Division Chief IV IPPSD

	1.8 Records the approved ICSFF Analytical Report and its cover memorandum in the outgoing logbook, endorses it to the OCIO and IMS offices for receiving, and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
TOTAL:			10 days and 50 minutes	

11. IT Procurement Clearance

Issuance of procurement clearance on IT-related procurement

Office:	IPPSD			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Request for IT Procurement Clearance		(Memorandum or E-mail to be prepared by the Client)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client submits a request for IT Procurement Clearance	1.1 Receives, checks if information / supporting documents provided are complete, and logs the received request	None	30 minutes	Clerk III / Social Insurance Officer I IPPSD
	1.2 Prepares the IT Procurement Clearance	None	0.5 day	Social Insurance Officer I IPPSD

1.3 Endorses to Supervisor the draft IT Procurement Clearance and supporting documents	None	10 minutes	Social Insurance Officer I IPPSD
1.4 Reviews the draft IT Procurement Clearance	None	0.5 day	ITO I IPPSD
1.5 Endorses to the IPPSD-Div. Chief the reviewed IT Procurement Clearance for review and approval	None	10 minutes	ITO I IPPSD
1.6 Reviews and approves the IT Procurement Clearance	None	30 minutes	Division Chief IV IPPSD
1.7 Endorses to the Clerk the approved IT Procurement Clearance for routing to ITMD, OCIO and the concerned requesting office/department	None	10 minutes	Division Chief IV IPPSD
1.8 Records the approved IT Procurement Clearance and supporting documents in the outgoing logbook, endorses it to the ITMD, OCIO, and requesting office/dept. for receiving, and secures the receiving copies for hard copy and digital file.	None	1 hour	Clerk III IPPSD
TOTAL:		1 day and 2.5 hours	

12. Arrangement of ISSP Development Meeting / Forum / Workshop

Arrangement of meetings / forum / workshops pertaining to development / validation / updating of the Information Systems Strategic Plan (ISSP)

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SVP-CIO directs the IPPSD to organize meeting / forum / workshop necessary for the ISSP development / validation / updating	1.1 IT Planning Team arranges ISSP-related meeting / forum / workshop in coordination with the IPPSD IT Budget team; checks availability of participants, prepares Notice of Meeting / draft Corporate Personnel Order, and coordinates with resource speakers and participants	None	10 days	Clerk III / Social Insurance Officer I IPPSD
	1.2 Prepares and/or sends out materials needed for the ISSP-related meeting / forum / workshop and coordinates with concerned units when necessary	None	5 days	Division Chief IV, ITO I IPPSD
TOTAL:			15 days	

13. Conduct of Meeting, Forum, or Workshop on ISSP Development, Validation or Updating

Conduct of meeting / forum / workshops pertaining to development / validation / updating of the Information Systems Strategic Plan (ISSP)

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SVP-CIO directs the IPPSD to organize meeting / forum / workshop necessary for the ISSP development / validation / updating	1.1 Conducts ISSP-related meeting / forum / workshop in coordination with the IPPSD IT Budget team together with IMS offices, PRO IT, and concerned offices	None	5 days* (*depends on Notice of Meeting / CPO)	Division Chief IV, ITO I IPPSD
	1.2 Prepares the minutes of ISSP-related meeting / forum / workshop held and endorses to Supervisor for review	None	5 days	Social Insurance Officer I IPPSD
	1.4 Reviews the minutes of ISSP-related meeting / forum / workshop held and endorses to Div. Chief for review and approval	None	3 days	ITO I IPPSD
	1.5 Reviews the minutesminutes of ISSP-related meeting / forum / workshop held and provides instruction to IT Planning team on actions required	None	2 days	Division Chief IV IPPSD

TOTAL:		15 days	
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14. Memorandum and Materials Preparation for ISSP-related Data/Information Gathering

Preparation of memorandum and applicable template/s pertaining to any data/information gathering requirements for the Information Systems Strategic Plan (ISSP)

Office:	IPPSD			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SVP-CIO directs the IPPSD to gather data/information necessary for the ISSP development / validation / updating	1.1 Prepares the applicable template /s to be submitted by the concerned office / dept.	None	2 days	Social Insurance Officer I / ITO I IPPSD
	1.2 Prepares corporate memorandum on the submission of data/ information for the ISSP together with the applicable template/s and endorses them to Supervisor for review	None	4 hours	Social Insurance Officer I / ITO I IPPSD
	1.2 Reviews the memorandum together with the templates and endorses it to the IPPSD Div. Chief for approval	None	3 days	ITO I IPPSD
	1.3 Reviews and approves the draft corporate memorandum and templates and endorses it to the Clerk for routing	None	1 day	Division Chief IV IPPSD

1.4 Records the approved memorandum and annexes in the outgoing logbook, endorses it to the OCIO for receiving and approval, and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
1.5 Receives the SVP-CIO approved memorandum and annexes in the incoming logbook, endorses it next to the OCOO for receiving and approval, logs in outgoing logbook and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
1.6 Receives the COO-approved memorandum and annexes in the incoming logbook, endorses it next to the OPCEO for receiving and approval, logs it in the outgoing logbook and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III

	1.7 Receives the PCEO-approved memorandum and annexes in the outgoing logbook, endorses it next to PRID-Records for routing, and secures the receiving copies for hard copy and digital file.	None	30 minutes	Clerk III IPPSD
TOTAL:			6 days, 5 hours and 30 minutes	

15. ISSP Data Consolidation - Narrative, Diagrams, and Annexes

Gathering of data and information requirements for the preparation / validation of the Information Systems Strategic Plan (ISSP) and preparation of initial draft templates on the ff.:

- Organizational Structure,
- Current ICT Budget,
- Functional Interface Chart,
- Present ICT Situation,
- Strategic Concerns for ICT Use,
- Information Systems Strategy (Conceptual Framework, Detailed Description of Proposed Information Systems, Databases Required, Network Layout)
- Detailed Description of ICT Projects,
- Existing and Proposed ICT Organizational Structure, and
- Annexes

Office:	IPPSD		
Classification:	Highly Technical		
Type of Transaction:	G2G - Government to Government		
Who May Avail:	Internal Clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
None		Not Applicable	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Concerned offices/units submits the required data/information for the ISSP preparation: - Organizational Structure, - Current ICT Budget, - Functional Interface Chart, - Present ICT Situation, - Strategic Concerns for ICT Use, - Information Systems Strategy (Conceptual Framework, Detailed Description of Proposed Information Systems, Databases Required, Network Layout) - Detailed Description of ICT Projects, - Existing and Proposed ICT Organizational Structure - Annexes	1.1 Coordinates with concerned units tasked to prepare the templates/inputs, receives and organizes data / information for the ISSP, checks for completeness, records submission into ISSP Data/Information Submission Monitoring Log, uploads backup files to Sharepoint	None	10 days (dependent on compliance of concerned units to the prescribed deadline/s)	Clerk III / Social Insurance Officer I IPPSD
TOTAL:			10 days	

16. ISSP Preparation of Initial Draft - Narrative, Diagrams, and Annexes

Preparation / validation of inputs to the Information Systems Strategic Plan (ISSP) pertaining to the ff. templates:

- Organizational Structure, Current ICT Budget, Functional Interface Chart, Present ICT Situation, Strategic Concerns for ICT Use, Information Systems Strategy (Conceptual Framework, Detailed Description of Proposed Information Systems, Databases Required, Network Layout), Detailed Description of ICT Projects, Existing and Proposed ICT Organizational Structure, and Annexes

Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. SVP-CIO directs the preparation of the initial draft ISSP templates: - Organizational Structure, - Current ICT Budget, - Functional Interface Chart, - Present ICT Situation, - Strategic Concerns for ICT Use, - Information Systems Strategy (Conceptual Framework, Detailed Description of Proposed Information Systems, Databases Required, Network Layout) - Detailed Description of ICT Projects, - Existing and Proposed ICT Organizational Structure, and - Annexes	1.1 Encodes and validates gathered data/information into ISSP templates	None	10 days (dependent on compliance of concerned units to the prescribed deadline/s)	Clerk III / Social Insurance Officer I IPPSD
	1.2 Reviews the initial draft ISSP templates vis-a-vis submitted inputs and meeting / workshop / forum outputs, if any, and endorses initial drafts to Div. Chief IV for review and approval for endorsement to Review Teams	None	7 days	ITO I IPPSD
	1.3 Reviews the initial draft ISSP templates and recommends endorsement to Review Teams	None	3 days	Division Chief IV IPPSD
	TOTAL:		20 days	

17. Data and Information Gathering for the ISSP-ICT Resource Requirements

Gathering of data and information requirements and preparation of initial draft templates on the proposed ICT resource requirements in the Information Systems Strategic Plan (ISSP)

Office:	IPPSD			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Internal Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Concerned offices/units submits their proposed ICT Resource Requirements signed by their office/dept. head, together with documentary evidence on proposed costs, Certification of Complete Staff Work, latest ICT inventories and procurement status	1.1 Receives and organizes ICT resource requirement proposals and supporting documents, checks for completeness, logs into ISSP Data/Information Submission Monitoring Log, and encodes initial draft ISSP proposals into Excel	None	20 days* (*dependent on compliance of concerned units to the prescribed deadline/s)	Clerk III / Social Insurance Officer I IPPSD
TOTAL:			20 days	

18. Preparation of ICT Resource Proposals

Preparation of proposed ICT resource requirements in the Information Systems Strategic Plan (ISSP)

Office:	IPPSD
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government

Who May Avail:		Internal Clients		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Not Applicable		
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. SVP-CIO directs the preparation of the initial draft ISSP templates for Part IV-A ICT Resource Requirements and Part V Development and Investment Program	1.1 Prepares initial draft of ISSP Part IV - A. ICT Resource Requirements and part V. Development and Investment Program and endorses to Supervisor for review	None	10 days* (*dependent on compliance of concerned units to the prescribed deadline/s)	Clerk III / Social Insurance Officer I IPPSD
	1.2 Reviews the initial draft of ISSP Parts IV-A and V	None	7 days	Clerk III / Social Insurance Officer I IPPSD
	1.3 Reviews the initial draft of ISSP Parts IV - A and V, and recommends endorsement to Review Teams	None	3 days	Division Chief IV IPPSD
TOTAL:			20 days	

19. ISSP Revision (Draft Original or Revised Version of an Approved ISSP)

Revision of a draft original ISSP or a revised version of an approved ISSP based on request for updating (APP amendments), findings / recommendations from Review Teams, SVP-CIO. DICT or other offices/units reviewing the ISSP

Office:	IPPSD
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who May Avail:	SVP-CIO, ISSP Review Teams, Offices/Units who were requested to review the draft ISSP, DICT

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For revisions due to APP amendments: approved APP amendment/s (1		SBAC / PRO BAC		
For revisions due to COB: PBC-IT SubCom recommendations / approved COB (1 photocopy)		Comptrollership Dept.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Client endorses comments, corrections, or recommendations for revision to the ISSP	1.1 Updates the applicable portions of the ISSP based on APP amendments, received comments, corrections, recommendations and endorses the revised draft to Supervisor for review	None	10 days	Clerk III / Social Insurance Officer I IPPSD
	1.2 Checks the applied revisions and endorses corrections (if any) to staff, or to Division Chief IV in case there are no more corrections	None	7 days	ITO I IPPSD
	1.3 Reviews the revised draft ISSP and recommends draft ISSP finalization	None	3 days	Division Chief IV IPPSD
TOTAL:			20 days	

20. Finalization of ISSP (Draft Original or Revised Version of an Approved ISSP)

Preparation of the final draft ISSP and endorsement to SVP-CIO for approval

Office:	IPPSD		
Classification:	Highly Technical		
Type of Transaction:	G2G - Government to Government		
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	

None		Note Applicable		
CLIENT STEPS	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
SVP-CIO directs the IPPSD to prepare the final draft ISSP	1.1 Consolidates/incorporates inputs from final draft working documents into one ISSP Word document, prepares the Table of Contents, and cover memorandum PCEO approval and letter for DICT for the endorsement to SVP-CIO (for signature)	None	5 days	Clerk III / Social Insurance Officer I IPPSD
	1.2 Proofreads the final draft and cover memorandum for PCEO and letter for DICT, endorses back corrections (if any) to staff, or to Division Chief IV in case there are no more corrections	None	3 days	ITO I IPPSD
	1.3 Reviews and approves the final draft ISSP, cover memorandum for PCEO and letter to DICT, endorses the finalized draft ISSP to IT Planning Team / Admin Unit for printing and book-binding and routing to the ISSP document approvers	None	3 days	Division Chief IV IPPSD

1.4 Prints the final draft ISSP (at least 3 copies), and coordinates with PRID-Records for book-binding	None	1 day	Clerk III / Social Insurance Officer I IPPSD
1.5 Records in the outgoing logbook and forwards the final ISSP document print-out, cover memorandum for PCEO, and letter for DICT to the IMS heads and SVP-CIO for signature	None	3 days	Clerk III IPPSD
TOTAL:		15 days	

21. Submission of PCEO-Approved ISSP (Original or Revision of an Approved ISSP) to DICT for Review and Endorsement

Endorsement of the ISSP to the DICT for review and approval

Office:	IPPSD			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Execom approval of ISSP (1 Original Copy)		CorPlan		
PCEO approval of ISSP (1 Original Copy)		OPCEO		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

SVP-CIO directs IPPSD to endorse the ISSP approved by the Execom and PCEO

1.1 Receives the PCEO-approved ISSP and cover letter for DICT, records in incoming logbook, photocopies and scans the signed ISSP and cover letter, uploads copies to Sharepoint for backup, and forwards the hard copies to the Div. Chief IV	None	2 hours	Clerk III IPPSD
1.2 Provides instruction to IT Planning Team / Admin unit for the submission of the PCEO-approved ISSP to DICT	None	30 minutes	Division Chief IV IPPSD
1.3 Prepares OBS for travel to DICT of staff assigned to deliver the ISSP document and cover letter	None	10 minutes	Clerk III IPPSD
1.4 Approves OBS for travel to DICT of staff assigned to deliver the ISSP document and cover letter	None	10 minutes	Division Chief IV IPPSD
1.5 Forwards to applicable signatory and HRD the approved OBS for travel to DICT of staff assigned to deliver the ISSP document and cover letter	None	10 minutes	Clerk III IPPSD

1.6 Delivers the PCEO-approved ISSP to DICT, receives the DICT-stamped receiving copy, coordinates with Admin unit for recording in outgoing logbook, photocopying, scanning and uploading to Sharepoint of receiving copy	None	4 hours	Assigned IPPSD staff IPPSD
TOTAL:		7 hours	

22. Dissemination of DICT-endorsed ISSP

Dissemination of the DICT-endorsed ISSP to the all offices and departments in PhilHealth and the Department of Budget and Management (DBM) thru Comptrollership Department

Office:	IPPSD			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
DICT-endorsed ISSP (1 photocopy/ electronic copy)		DICT		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

SVP-CIO directs IPPSD to provide a copy of the DICT-endorsed ISSP to the DBM and to disseminate information on the approval of the ISSP to all PhilHealth offices and departments.

1.1 Receives the DICT-endorsed ISSP; records in incoming logbook, photocopies (at least 3 sets) of the ISSP and DICT endorsement letter, scans the same and uploads to Sharepoint, and stores the original documents in secure file storage.	None	2 hours	Clerk III IPPSD
1.2 Provides instruction to IT Planning Team / Admin unit for the submission of the DICT-endorsed copy of the ISSP to DBM (through the Comptrollership Department), preparation of Corporate Memorandum (CM) re: dissemination of information on the DICT-endorsed ISSP	None	20 minutes	Division Chief IV IPPSD
1.3 Prepares the draft CM re: DICT-endorsed ISSP, and memorandum for endorsement of ISSP copy to DBM and endorses them to Supervisor for review	None	2 hours	Social Insurance Officer I IPPSD
1.4 Reviews the draft CM and memorandum for Comptro and endorses it to the IPPSD Div. Chief for approval	None	1 hour	ITO I IPPSD

1.5 Reviews and approves the draft CM and memorandum for Comptro and endorses it to the Clerk for routing	None	20 minutes	Division Chief IV IPPSD
1.6 Records the CM and memorandum in the outgoing logbook, routes memo with copy of DICT-endorsed ISSP to Comptro, endorses CM to the OCIO for receiving and approval, and secures the receiving copies for hard copy and digital file.	None	30 minutes	Clerk III IPPSD
1.7 Receives the SVP-CIO approved CM in the incoming logbook, endorses it next to the OPCEO for receiving and approval, logs in outgoing logbook and secures the receiving copies for hard copy and digital file.	None	20 minutes	Clerk III IPPSD
1.9 Receives the PCEO-approved CM, records in incoming logbook, endorses it next to PRID-Records for routing, records in outgoing logbook, and secures the receiving copies for hard copy and digital file.	None	30 minutes	Clerk III IPPSD
TOTAL:		7 hours	

Information Management Sector (IMS)

IT Helpdesk

1. Escalation and Monitoring

Escalation and monitoring of highly technical issues reported to concern Specialized Response Team(SRT)

Office:	IT Helpdesk			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Offices User			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request through mail or through IT Support Ticketing System (1 electronic copy)		IT Helpdesk Unit		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For the escalation and monitoring of highly technical issues reported to concern Specialized Response Team (SRT):				
1. Receive the highly technical Issues reported,	Evaluate and Process the request	None	1 day	SIO II, ITO I IT Helpdesk
2. Evaluate the highly technical issues reported if system issues, accessibility, system performance or insufficient user rights/privileges or for data correction/editing,				
3. Forward the highly technical issues to concern SRT,				

4. Monitor the status of reported highly technical issues, and	Monitor the Status of the request		1-3 working days (simple) 4-7 working days(complex)	
5. Update the status of the reported highly technical issues to close if, it is resolved.	Monitor the Status of the request			
TOTAL: None			2 working days (simple) 7 working days(complex)	

2. Issuance of IT Advisory

Issuance and Posting of IT Advisory for the concerned and affected Offices of PhilHealth

Office:	IT Helpdesk			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Information Management Sector Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Properly Filled-up, signed and approved IT Advisory Request Form		IT Helpdesk Unit and ITMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
For issuance IT Advisory for downtime and system enhancement: 1. Receive the Advisory request.				

2. Evaluate the Advisory Request for completeness, authorized and signed.	Evaluate and Process the request	None	1 day	SIO II, ITO I IT Helpdesk
3. Process the Advisory request by posting in Outlook to the concern Users.				
TOTAL:		None	1 day	

3. Management of User Accounts

Manage the creation, updating, deactivation and password resetting of user accounts for Application/Systems, Network Accounts, Internet Accounts, Outlook and Email Accounts

Office:	IT Helpdesk		
Classification:	Simple		
Type of Transaction:	G2G - Government to Government		
Who May Avail:	PhilHealth Employee's and PhilHealth COA Auditor's		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
1. One (1) Original Copy of Properly Filled-up, signed and approved 3AF Form for Application Account		IT Helpdesk Unit or attached to Corporate Order	
2. One (1) Original Copy of Filled-up and signed NDA for COA accounts			
3. One (1) Photocopy of employee company ID			
4. One (1) Photocopy of Supervisors ID for COA Accounts request			

5. One (1) Original Copy of Properly Filled-up, signed and approved DARF Form for Network, Internet, Outlook and Email Accounts

CLIENT STEPS	AGENCY ACTION	FEE TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Application Account creation, updating and password resetting:				
a) Receive the Application Account Authorization Form (3AF) and the xerox copy of Employee ID,				
b) Evaluate the 3AF if properly filled-up and signed,				
c) Process the 3AF base on the request if for creation, updating and password resetting, and				
d) Inform the requesting user, PRO IT for PRO'S, Branch IT for Branch and IT designates for Head Office.				
2. For Application Account deactivation:				

a) Receive the 3AF and the xerox copy of Employee ID,	Evaluate and Process the request	None	1 day	SIO II, ITO I IT Helpdesk
b) Evaluate the 3AF if properly filled-up and signed,				
c) Process the 3AF base on the request if for deactivation, and				
d) Inform the requesting user, PRO IT for PRO'S, Branch IT for Branch and IT designates for Head Office.				
3. For Network, Internet, Outlook and Email Accounts creation, updating, deactivation/removal and password resetting:				
a) Receive the Domain Account Request Form (DARF) and the xerox copy of Employee ID,				
b) Evaluate the DARF if properly filled-up and signed,				

c) Process the DARF base on the request, and			
d) Inform the requesting user, PRO IT for PRO'S, Branch IT for Branch and IT designates for Head Office.			
TOTAL:	None	1 day	

Information Management Sector (IMS)

Information Technology Management
Department (ITMD)

Information Management Sector (IMS)

Information Technology Management
Department (ITMD)

Information Technology Resource Management Division
(ITRMD)

1. Manage Request for Data Editing Service

The service addresses the endorsed request for data editing to achieve correct information. The request will be addressed based on the submitted documentation including but not limited to incident reports, signed and approved data amendment forms and clearance from the respective Business Process Unit (BPU). Complete process is up to 10 days and is dependent on the proximity of requests.

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
Who May Avail:	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Endorsement/ Memo of Approved Request from Business Process Unit (BPU) 2. One (1) Original Copy of JOROS assigned to Database Group 3. One (1) Original Copy of Fully accomplished Data Amendment Form 4. One (1) Original Copy of Incident Report and other supporting documents for the request		Business Process Unit / Requesting Office / IT Helpdesk		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for data editing / correction thru JOROS / ITSM	1.1 Receive of documents.		1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief			
	1.4 Delegates/assign document to the concerned section or staff		2 Hours	ITO II ITRMD
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I ITRMD
	1.6 Check existence of request in JOROS.			

	<div>1.7 Review of the request.</div> <div>1.8 Return request to the concerned office if submitted document is incomplete.</div> <div>1.9 Coordinate with the Information System Management Division (ISMD) for the script to be used if scripts not available or request needs further evaluation/checking.</div> <div>1.10 Proceed with the data editing request if submitted document is complete.</div> <div>1.11 Notify the concerned office once the request is completed /Tag the request as closed/accomplished in the JOROS.</div>	None	9 Days, 4 Hours	ITO I, ISA III, ISA II, CMT II CMT I ITRMD
Repeat Process 1.7 to 1.9 until all request and documents is complied and addressed				
TOTAL:			10 Days	

2. Manage Auto Renewal of Sponsored Members

The service address the auto renewal of the sponsored members record in the production database in reference to the endorsed mapped membership record from the Member Management Group. The service can be performed in 14 days depending on the proximity and number of fields and records to update. The service is usually support with a Service Request Form (SRF)

Office:	IT Management Department - ITRMD (Database Group)
Classification:	Highly Technical

Type of Transaction:	G2C- Government to Citizen, G2B- Government to Business			
Who May Avail:	Member Management Group			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Fully Accomplished Service Request Form (SRF) / Memo		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Auto Renewal of Sponsored Members	1.1 Receive of documents.	None	1 Hour	SIA I/SIO I
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief			
	1.4 Delegates/assign document to the concerned section or staff		2 Hours	ITO II
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I
	1.6 Coordinate with BPU and Task Force Informatics (TFI) for the list of members for renewal		13 Days, 4 hours	ITO I, ISA III, ISA II, CMT II, CMT I
	1.7 Upload List of members for renewal			
	1.8 Validate statistics of members for renewal based on provided report by BPU			
	1.9 Coordinate with the ISMD for the script to be used for the renewal.			
	1.10 Execute the script for auto renewal created by ISMD.			

	1.11 Prepare and send statistics of auto renewed and excluded members to concerned office.			
	1.12 Email PRO IT the script to extract batch numbers of auto renewed members of their respective PROs.			
Repeat Process may occur in 1.8 to 1.9 until renewal is completed				
TOTAL:			14 Days	

3. Manage Request for Uploading of External Data

The service address the uploading of external data as requested for mapping and project implementation of clients whether external or interna;. The service can be performed in 14 days depending on the proximity and number of records for uploading. The service is performed with clearance and authorization from the BPU and the CIO.

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
Who May Avail:	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Fully Accomplished Service Request Form (SRF) / Memo		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for uploading of external data	1.1 Receive of documents.		1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief			

1.4 Delegates/assign document to the concerned section or staff 1.5 Release document to the concerned section/staff. 1.6 Validate the file format/structure 1.7 Return to the concerned office, if the file format/structure is incorrect, 1.8 Upload data, if file format is correct 1.9 Notify the concerned office of all uploaded & invalid data 1.10 Prepare endorsement/reply memo 1.11 Review of memo 1.12 Approval of memo 1.13 Release memo 1.14 Give access on the uploaded data to the concerned office	None	2 Hours	ITO II ITRMD	
		1 Hour	SIA I/SIO I ITRMD	
		12 Days, 6 Hours	ITO I, ISA III, ISA II, CMT II CMT I ITRMD	
		2 Hours	ITO II ITRMD	
		2 Hours	Acting Senior Manager ITMD	
		1 Hour	SIA I/SIO I ITRMD	
		1 Hour	ITO I, ISA III, ISA II, CMT I ITRMD	
		Repeat Process 1.6 to 1.9 until all request and documents is complied and addressed		
		TOTAL:	14 Days	

4. Manage Request for Database Update

The service address updates needed in the production database in reference to update/enhancement and development of application/systems. The service is performed after office hours in coordination with the requesting office.

Office:	IT Management Department - ITRMD (Database Group)
Classification:	Simple
Type of Transaction:	G2C - Government to Citizen, G2G - Government to Government
Who May Avail:	IS Management Division / Business Process Unit

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Fully accomplished System/Database Update Request Form (SDURF) and necessary scripts for the database update request		IS Management Division / BPU		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Database Update	1. 1 Receive of documents.	None	1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief			
	1.4 Delegates/assign document to the concerned section or staff		2 Hours	ITO II ITRMD
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I ITRMD
	1.6 Check existence of request in Ticketing System.		3 Hours	ITO I, ISA III, ISA II, CMT II, CMT I
	1.7 Implement/execute the script			
	1.8 Notify requester should there be error encountered during the execution of the scripts			

	1.9 Implement/execute the script in the replication if applicable		3 Hours	Civil I ITRMD
	1.10 Configuration of the replication database if applicable			
	1.11 Notify/close ticket once the request is completed.			
	1.12 Log the outgoing document	1 Hour	SIA I/SIO I ITRMD	
Repeat Process 1.8 to 1.10 until all request and documents is complied and addressed				
TOTAL:			1 Day	

5. Manage Request for Deactivation of Database Account

The service addresses the immediate deactivation of user accounts in response to leave of absence, suspension and prolonged leave. The access

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
Who May Avail:	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Email request c/o IT Helpdesk (1 Electronic Copy)		IT Helpdesk		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Deactivation of Database Account	1.1 Check database account if deactivated in production database	None	2 days	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD
	1.2 Coordinate with IT Helpdesk for account not deactivated in production database			

	1.3 Deactivate account in other database.		
TOTAL:		2 days per account	

6. Manage Request for Clearance of Separated Employees

The service addresses the certification of separated employees to wit that the respective user account is deactivated for clearance due to separation to office. The service can be performed within 2 working days provided that all necessary document requirement is complete.

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business			
Who May Avail:	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's,			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Memo/Routing and Transmittal Slip/ Email (Electronic copy)		Requesting Office		
2. One (1) Original Copy of Application for Clearance				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Clearance of Separated Employees	1.1 Receive of document		1 Hour	SIO II, CLERK III, ADMIN ASST.C ITMD
	1.2 Log the document (Incoming)			
	1.3 Release the document to ITRMD			
	1.4 Log the document (Outgoing)			
	1.5 Receive of document		1 Hour	SIA I/SIO I ITRMD
	1.6 Log the document (Incoming)			

1.7 Release document to Database Section	None		ITRMD
1.8 Check database account if deactivated in production database		8 Hours	ITO I, ISA III, ISA II, CMT II CMT I ITRMD
1.9 Coordinate with IT Helpdesk for account not deactivated in production database			
1.10 Deactivate account in other database.			
1.11 Affix initials			
1.12 Validate and deactivate network account		3 Hours	ITO II, ITO I, CMT II ITRMD
1.13 Affix initial			
1.14 Sign the clearance		1 Hour	Senior Manager ITMD
1.15 Release of documents			
1.16 Log the document (Outgoing)		1 Hour	SIA I/SIO I ITRMD
1.17 Receive the documents			
1.18 Log the document (Incoming)		1 Hour	SIO II, CLERK III, ADMIN ASST.C ITMD
1.19 Release the document			
1.20 Log the document (Outgoing)			
TOTAL:		2 days	

7. Manage Request for Replication of New Tables

The service addresses the need for up-to-date data record in relation to the extraction and preparation of reports for PhilHealth EMO as basis for decision making. The service is in relation to the production database updates in accordance to software update/enhance and development. The service can be performed within 7 working days and dependent on the proximity of the needed tables fro updating.

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Complex			
Type of Transaction:	G2C- Government to Citizen, G2B - Government to Business			
Who May Avail:	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Memo/ SDURF		TFI / IS Management Division		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Request for replication of new tables	1.1 Receive of documents.	None	1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief			
	1.4 Delegates/assign document to the concerned section or staff		2 Hours	ITO II ITRMD
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I ITRMD
	1.6 Identify the constraints		6 Days, 4 Hours	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD
	1.7 Coordinate with ISMD if constraint is not existing			
	1.8 Configure the replication			
	1.9 Perform initial loading of requested data for replication			
	1.10 Start the replication			
	1.11 Gather statistics			

	1.12 Notify the concerned office once the replication is completed		
Repeat Process 1.6 to 1.11 until all request and documents is complied and addressed			
TOTAL:		7 Days	

8. Manage Request for Document Review

The service addresses the endorsed issues, concerns and action needed as requested or described in the endorsed document. This service can be

Office:	IT Management Department - ITRMD (Database Group)			
Classification:	Complex			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
Who May Avail:	Any PhilHealth Client (external and internal)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of DRAR 2. One (1) Original Copy of Memo 3. And other attached documents		Any PhilHealth Client (external or internal)		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Document Review / Action address to ITRMD	1.1 Receive of documents.	None	1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)			
	1.3 Endorse document to Division Chief		2 Hours	ITO II ITRMD
	1.4 Delegates/assign document to the concerned section or staff			
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I ITRMD
	1.6 Conduct review of document			ITO I, ISA III, ISA II, CMT II,

1.7 Prepare memo response / acknowledge receipt		3 Days, 7 Hours	CMT I ITRMD
1.8 Review of memo		2 Hours	ITO II ITRMD
1.9 Approval of Memo		2 Hours	Acting Senior Manager ITMD
1.10 Log the document		1 Hour	SIA I/SIO I ITRMD
1.11 Release of Memo			
TOTAL:		5 Days	

9. Management of New Server Creation

The service addresses the creation of server as requested for testing and deployment of new software/application. The service shall be address within 8 working days and may vary based on the needed requirements and applications on the server for creation.

Office:	ITRMD			
Classification:	Highly Technical			
Type of Transaction:	G2C- Government to Citizens, G2B - Government to Business			
Who May Avail:	Business Process Unit/ IS Management Division			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Network Request Form One (1) Original Copy of Supporting documents (MOP, Flow Chart of the System, System Requirements)		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fully accomplished Network Request Form with the following attachments: a. System Requirements;	1. Receive, log and endorse the Netv		1 hour	SIA I/SIO I ITRMD
	2. Delegates to Network Team Head		2 hours	ITO II ITRMD

b. Operating System to be use; c. Requirements needed for System to run (PHP, Oracle, ...); d. Flow chart of the System; e. Manual Procedure of the system; f. Other related materials.	3. Assigns to Network Team	None	30 minutes	ITO I ITRMD
	4. Conduct planning for the request. <i>-Checks if there are available resources to be used</i>		3 days	ITO I ITRMD
	5. Provision the Server		2 days	
	6. Windows update and install all necessary requirements to be used including Anti-Virus		3 days	
TOTAL:			8 days, 3 hours AND 30 minutes	

10. Management Request for System Update

The service addresses the updates needed in the server in reference to the update/enhancement and deployment of software/applications. The service is performed after office hours in coordination with the requesting office.

Office:	ITRMD			
Classification:	Simple			
Type of Transaction:	G2C- Government to Citizens, G2B - Government to Business			
Who May Avail:	Business Process Unit/ IS Management Division			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Network Request Form		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fully accomplished Network Request Form (NRF) with the following attachments: a. What System and Servers to be	1. Receive, log and endorse the Netw		1 hour	SIA I/SIO I ITRMD
	2. Delegates to Network Team Head		2 hours	ITO II ITRMD

Updated;	3. Assigns to Network Team	None	30 minutes	ITO I ITRMD
b. The path where update file located;	4. Updates the Servers		1 hour	ITO I, CMT II, CLERK III ITRMD
c. The reason of update;	5. Email Helpdesk once the update has been done		12 minutes	ITO I, CMT II, CLERK III ITRMD
d. Feature of the update;				
e. Other related materials;				
TOTAL:			4 hours and 42 minutes	

11. Management of Operating System Repair and Installation

The service addresses the repair and installation of operating system to corporate issued equipment that was accounted to respective PhilHealth Employees in the Head Office. The service shall be addressed within 7 working days per equipment.

Office:	ITRMD			
Classification:	Complex			
Type of Transaction:	G2C- Government to Citizens, G2B - Government to Business			
Who May Avail:	Head Office Personnel			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Service Request Form (SRF)		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Fully accomplished Service Request Form (SRF)	Request for Operating System Repair	None		Information Systems Analyst II, Administrative Service Assistant C, Clerk III ITRMD
Fully accomplished Equipment movement form (PARF)	1. Receive the SRF and PARF		4 hours	
	2. Check the PC/Laptop if the compo		5 hours	
	3. Record the received document in		4 hours	
	4. Check PC for possible file back-up		2 days and 2 hours	
	5. Perform the OS installation/repair		2 days and 2 hours	

	6. Once done, will notify the user th		1 hour	
	7. Prepare Evaluation Report		6 hours	
TOTAL:			7 DAYS UPON RECEIPT OF EQUIPMENT (FOR EACH MACHINE)	

Information Management Sector (IMS)

Information Technology Management
Department (ITMD)

Information System Management Division (ISMD)

1. Processing of Software Certification/ Compliance Request

This service is used to ensure that the requester's system complies with the standard data, transmission and integration requirements provided by the Corporation.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Health Care Institutions, Government Agencies, Other external partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Software Certification Application Form (SCAF)		PhilHealth Website		
One (1) Original Copy of Non-Disclosure Agreement (NDA)		PhilHealth Website		
One (1) Original Copy of Software Certification Agreement (SCA)		PhilHealth Website		
One (1) Original Copy of Software Certification Kit (SCK)		Philhealth Regional Office IT		
One (1) Original Copy of Software Valiation Test Form (SSVTF)		Philhealth Regional Office IT		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Application for Software Certification with attached documents using IT Ticketing System.	1.1 Receive fully accomplished NDA, SCAF and SCA 1.2. Check completion of the supporting documents. 1.3. Set and coordinate schedule of the Software Certification Test.	None	3 working days	Receiving Clerk PRO IT
2. Conduct of the Scheduled Software Certification Test	3.1. Prepare test data for the test. 3.2. Conduct 3 cycles of testing to ensure compliance of the system to the Software Validation Test Form (SSVTF). 3.3. Prepare, finalize and sign-off in teh SSVTF.	None	5 working days	PRO IT

3. System Software Certification Completion	4.1 Receive PRO IT Endorsement with the attached test documents as proof of system compliance 4.2 Prepare Software Certificate / Notice of System Compliance for signature of authorized signatories 4.3 Route the Software Certificate / Notice of System Compliance to authorized signatories 4.4 Register HCI in the Database.	None	12 working days	PRO IT UPECS-EMR Team RVP ITMD Heads CIO PCEO
TOTAL:			20 working days	

2. Registration to PhilHealth Systems and Integration Services

The purpose of this service is to register and enable access to specific PhilHealth systems and/or application programming interface (API) provided by the Corporation.

Office/Division:	IT Management Department - IS Management Division		
Classification:	Highly Technical		
Type of Transaction:	G2B - Government to Business and G2G - Government to Government		
Who May Avail:	Any external partners with existing MOA/Contract facilitated by a Business Process or Program Office		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
Service Request Form (1 original copy)		IT Helpdesk	
Business and User Requirements (1 original copy)		OSM-ITMD	
Memorandum of Agreement (1 original copy)		Requesting Office	
Data Sharing Agreement (1 original copy)		Requesting Office	

Non-Disclosure Agreement (1 original copy)		Requesting Office		
Application Integration Registration Form (1 original copy)		OSM-ITMD		
Service Terms of Use (1 original copy)		OSM-ITMD		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Create a ticket request using the IT Ticketing System and attach the scanned documents. Submit all hardcopy document requirements in the Office of the Senior Manager reflecting the ticket number in the Service Request Form.	1.1. Receive and log the request with existing ticket request. Return hardcopy requests for non-existing tickets. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle approved request	None	5 working days	Division Chief of the IS Management Division

	1.8. Define and document the data formats, layout and standards, transmission requirements, security to be implemented and the input/output parameters.	None	10 working days	Scrum Team ISMD
	1.9. Conduct items no. 2-5 under the #5. SOFTWARE DEVELOPMENT SERVICES	None	23 working days	Scrum Team ISMD
	1.10. Prepare the Interoperability Implementing Guidelines and Specifications, Software Validation Checklist	None	10 working days	Scrum Team ISMD
	1.11. Release of the Interoperability Kit and Confirmation Slip of the Orientation/Meeting Schedule to the external partners and requesting office.	None	3 working days	Scrum Team ISMD
2. Submit the Orientation Confirmation Slip to the OSM-ITMD.	2.1. Conduct the orientation to the external partner/s in coordination to the requesting office. 2.2. Document the conduct of the orientation.	None	5 working day	Scrum Team ISMD
TOTAL:		None	working days	

3. Software Development Services

This service facilitates the request for automation of business processes and support to Corporate policies, programs and projects to be

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Any PhilHealth Business Process Units or Program Offices.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (#1 original copy)		IT Helpdesk		
Business User Requirements Document (#1 original copy)		OSM-ITMD		
PhilHealth Circular and Policy Issuances (#1 copy)		Requesting Office		
Corporate Orders and Implementing Guidelines (#1 copy)		Requesting Office		
Standard Operating Procedures (#1 copy)		Requesting Office		
Risk Assessment Certificate (#1 copy)		Risk Management Department		
Updated Prioritized Sector Project List (#1 signed original copy)		Sector of the Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Create a ticket request using the IT Ticketing System and attach the scanned documents. Submit all hardcopy document requirements in the Office of the Senior Manager reflecting the ticket number in the Service Request Form.	1.1. Receive and log the request with existing ticket request. Return hardcopy requests for non-existing tickets. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department

	<p>1.4. Endorse for IMS approval based on ISSP and Corporate Thrust.</p> <p>1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization.</p> <p>1.6. Release Request Status Update to the requesting office.</p> <p>1.7. Assign a Scrum Team to handle approved request.</p>	None	5 working days	Division Chief of the IS Management Division
2. Define all product backlog based on priority.	<p>2.1. Group the defined product backlog into actionable deliverables within the prescribed period.</p> <p>2.2. Prepare the Project Releases Timeline.</p> <p>2.3. Prepare the System Requirements Specification for the applicable development period based on sequence of the Project Timeline.</p> <p>2.4. Release the Project Timeline and SRS to the requesting office for approval.</p>	None	5 working days	Scrum Team
3. Submit the approved the Project Timeline and the System Requirements Specification (SRS) for the initial sprint.	<p>3.1. Conduct Sprint Planning.</p> <p>3.2. Prepare the Project Journal.</p>	None	3 working days	Scrum Team

4. Participate in the Daily Scrum Meeting	4.1. Conduct the Daily Scrum. 4.2. Conduct the Sprint Review. 4.3. Endorse the developed application for user acceptance test and security assessment compliance. 4.4. Update the Project Journal.	None	10 working days from project start date	Scrum Team ISMD
5. Submit the completely signed System Acceptance Form (SAF).	5.1. Prepare for the deployment documentations. 5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department. 5.3. Conduct Sprint Retrospective. 5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test	None	5 working days	Scrum Team ISMD
Repeat processes from 2-5 until all project deliverables has been completed.				
TOTAL:			working days per project iteration	

4. Software Outsourcing Services

The services involves TOR development assistance and facilitation to requests for systems to be procured or outsourced.

Office/Division:	IT Management Department - IS Management Division
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government

Who May Avail:		Any PhilHealth Business Process Units or Program Offices		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (#1 original copy)		IT Helpdesk		
Business User Requirements Document (#1 original copy)		Requesting Office		
PhilHealth Circular and Policy Issuances (#1 copy)		Requesting Office		
Corporate Orders and Implementing Guidelines (#1 copy)		Requesting Office		
Standard Operating Procedures (#1 copy)		Requesting Office		
Risk Assessment Certificate (#1 copy)		Requesting Office		
Updated Prioritized Sector Project List (#1 signed original copy)		Sector of the Requesting Office		
Project Proposal (1 original copy)		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the Service Request Form and documentary requirements.	1.1. Receive and log the request with existing ticket request. Return hardcopy requests for non-existing tickets. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department

	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle <u>approved request</u> .	None	5 working days	Division Chief of the IS Management Division
	1.8. Review the request and requirements. 1.9. Record the requirements in the standard template for the Terms of Reference. 1.10. Release the draft TOR to the IPPSD-IMS for TOR Clearance.	None	10 working days	Scrum Team
	1.11. Received TOR with TOR Clearance. 1.12. Apply findings on the TOR Clearance if not yet cleared and resubmit for clearance again. 1.13. Endorse cleared TOR to the requesting office for approval.	None	5 working days	Scrum Team

2. Return signed/approved Terms of Reference	2.1. Prepare list of possible vendor candidates. 2.2. Prepare the Request for Quotation. 2.3. Release the list of possible vendor candidates, the Request for Quotation and the Budget Matrix template to the requesting office for conduct of canvassing.	None	10 working days	Scrum Team
3. Provide the Canvass documents, Matrix and Certificate of Budget Availability	3.1. Prepare and release bidding documents to SBAC.	None	10 working days	Scrum Team
TOTAL:		None	working days	

5. Software Quality Assurance Services

The service provides for the processing of requests for the conduct of quality assurance testing of internal and/or external applications to be

This service provides for the processing of requests for the conduct of quality assurance testing of internal and/or external applications to be			
Office/Division:	IT Management Department - IS Management Division		
Classification:	Highly Technical		
Type of Transaction:	G2G - Government to Government		
Who May Avail:	PRO IT, Business or Program Offices, Contracted Software Providers/Consultants		
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE	
One (1) Original Copy of Service Request Form		IT Helpdesk	
One (1) Original Copy of System Requirements Specification		Requesting Office	
One (1) Original Copy of Design Documents		Requesting Office	

One (1) Original Copy of Test Scenarios, Test Cases and Test Scripts		Requesting Office		
One (1) Original Copy of System Acceptance Form		Requesting Office		
One (1) Original Copy of System Presentation Materials or Guide		Requesting Office		
One (1) Original Copy of User Access Information		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.1. Prepare the Service Request Form and supporting documents. 1.2. Create the service ticket for approved and prioritized projects by the ExeCom. 1.3. Upload the scanned signed SRF and supporting documents. 1.4. Submit the hardcopy documents to the OSM-ITMD.	1.1. Recieve the hardcopy documents. 1.2. Evaluate completeness of the required documents. If not complete, return the documents to the requesting office. 1.3. Endorse the document to the Division Chief, ISMD.	None	2 working days	Receiving Clerk, ISMD
	1.4. Evaluate and assign the request to a QA Section.	None	1 working day	Division Chief of the IS Management Division
	1.5. Schedule the conduct of the quality assurance test and assign to a QA Tester.	None	2 working days	Section Head, QA Section
	1.6. Conduct pre-test activities. 1.7. Conduct the QA Testing. 1.8. Release prepared Test Report.	None	10 working days	QA Tester
	1.9. Release signed Test Report and Client Satisfaction Survey to requesting office.	None	3 working days	Admin clerk, ISMD

3. Submit accomplished Client Satisfaction Survey.	3.1. Receive, record and file the documents.	None	2 working day	Receiving Clerk Office of the Senior Manager, IT Management Department
TOTAL:			20 working days	

6. Support Management Services

The service involves the processing or resolution of incidents, complaints, inquiries and issues reported by internal and external users of PhilHealth systems.

Office/Division:	IT Management Department - IS Management Division			
Classification:	Highly Technical			
Type of Transaction:	G2C - Government to Citizen, G2B - Government to Business and G2G - Government to Government			
Who May Avail:	Internal or external users of PhilHealth Systems			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A detailed description of incidents, complaints, inquiries and issues (#1		PhilHealth System Users		
Screenshot of incidents, complaints, inquiries and issues (#1 original copy)		PhilHealth System Users		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
External User: 1. Create a ticket indicating the detailed description and screenshots of incidents, complaints, inquiries and issues via the PhilHealth Ticketing System at URL?	1.1. Acknowledge receipt of the incidents, complaints, inquiries and issues 1.2 Endorse the incidents, complaints, inquiries and issues to the concerned scrum team.	None	3 working days	UPECS-EMR

Internal User: 1. Email the detailed description and screenshots of incidents, complaints, inquiries and issues to IT Helpdesk Unit (ithelpdesk@philhealth.gov.ph)	1.1. Acknowledge receipt of the incidents, complaints, inquiries and issues 1.2 Endorse the incidents, complaints, inquiries and issues to the concerned office/team.			IT Helpdesk
	1.3. Evaluate the incidents, complaints, inquiries and issues	None	1-3 working days (simple) 4-7 working days (moderate) 8-20 working days (complex)	Concerned Scrum Team
	1.4. Provide feedback or resolution to the UPECS-EMR team or escalate issues to concerned office.	None	1 working day	Concerned Scrum Team
	1.5. Provide feedback or resolution to the reporting user	None	1 working day	UPECS-EMR
TOTAL:		6 working days (simple) 10 working days (moderate) 22 working days (complex)		

7. System Integration and Data Sharing Services

This facilitates the request for system integration and/or data sharing requests received from other external partners.

Office/Division:	IT Management Department - IS Management Division
Classification:	Highly Technical
Type of Transaction:	G2B - Government to Business and G2G - Government to Government
Who May Avail:	Health Care Institutions, Government Agencies, Other external partners

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Service Request Form (#1 original copy)		IT Helpdesk		
Business User Requirements Document (#1 original copy)		Requesting Office		
PhilHealth Circular and Policy Issuances (#1 copy)		Requesting Office		
Corporate Orders and Implementing Guidelines (#1 copy)		Requesting Office		
Standard Operating Procedures (#1 copy)		Requesting Office		
Risk Assessment Certificate (#1 copy)		Requesting Office		
Updated Prioritized Sector Project List (#1 signed original copy)		Sector of the Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all document requirements in the Office of the Senior Manager, IT Management Department.	1.1. Receive and log the request. 1.2. Stamp, indicate the request number and return the receiving copy if any. 1.3. Endorse to the IS Management Division.	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
	1.4. Endorse for IMS approval based on ISSP and Corporate Thrust. 1.5. Endorse to OSM-ITMD to present and report for Management Approval/Prioritization. 1.6. Release Request Status Update to the requesting office. 1.7. Assign a Scrum Team to handle approved request.	None	5 working days	Division Chief of the IS Management Division

2. Define all product backlog based on priority.	2.1. Group the defined product backlog into actionable deliverables within the prescribed period. 2.2. Prepare the Project Releases Timeline. 2.3. Prepare the System Requirements Specification for the applicable development period based on sequence of the Project Timeline. 2.4. Release the Project Timeline and SRS to the requesting office for approval.	None	5 working days	Scrum Team ISMD
3. Submit the approved the Project Timeline and the System Requirements Specification (SRS) for the initial sprint.	3.1. Conduct Sprint Planning. 3.2. Prepare the Project Journal.	None	3 working days	Scrum Team ISMD
4. Participate in the Daily Scrum Meeting	4.1. Conduct the Daily Scrum. 4.2. Conduct the Sprint Review. 4.3. Endorse the developed application for user acceptance test and security assessment compliance. 4.4. Update the Project Journal.	None	10 working days	Scrum Team ISMD

5. Submit the completely signed System Acceptance Form (SAF).	5.1. Prepare for the deployment documentations. 5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department. 5.3. Conduct Sprint Retrospective. 5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test	None	5 working days	Scrum Team ISMD
Repeat processes from 2-5 until all project deliverables has been completed.				
TOTAL:			working days	

8. Website and Intranet Management Services

The service involves the processing of requests for the PhilHealth Corporate Website and Intranet Site.

Office/Division:	IT Management Department - IS Management Division
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government
Who May Avail:	Any PhilHealth Offices
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Service Request Form (#1 original copy)	IT Helpdesk
Materials or documents (for reference/uploading)	Requesting office
Template or layout required	Requesting office
Digital media (pictures, audio, video)	Requesting office
Approval / Clearance for posting (#1 original copy)	Sector Office, Corporate Affairs Group (CAG) and/or Physical Resource
Risk Assessment Certificate (#1 photocopy copy)	Risk Management Department

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Service Request Form and other supporting documents through the IT ticketing system and hardcopy of signed to the OSM-ITMD.	1.1. Check if submitted request exists in the Ticketing system. If not return the documents to the requesting office for creation of a ticket in the ticketing system. 1.2. Review request and completion of the supporting documents. 1.3. Acknowledge receipt of the request for complete submission of requirements. 1.4. Update the ticket request to RESOLVED and provide a note of "RETURNED due to incomplete requirements".	None	3 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
2. Submit incomplete requirements through the same ticket request.	2.1. Update the good ticket to reflect the scheduled period. 2.2. Perform the request. 2.3. Update the ticket status to "RESOLVED" and record "DONE SUBJECT TO USER VALIDATION". 2.4. Submit a Ticket Closure Report and Client Satisfaction Survey to the requesting office.	None	10 working days from project start date	Scrum Team ISMD

3. Submit the signed and completed Ticket Closure Report and Client Satisfaction Survey	3.1. Receive, record and file the documents.	None	2 working days	Receiving Clerk Office of the Senior Manager, IT Management Department
TOTAL:		None	16 working days	

Information Management Sector (IMS)

Project Management Office – PhilHealth
Identity Management System
(PMO-PIMS)

1. Conduct Problem Management

Problem Management is a process by using analysis techniques to identify the cause of the problem/ issue as reported by the operations/ business process owners to the Information Management Sector for resolution.

Office:	PMO-PIMS			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All Information Management Sector (IMS) Clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Report from a certain office/ BPO concerning the system application/s, I		Office of the Chief Information Officer		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Office/BPO to issue report to OCIO on the encountered issue/problem to OCIO for resolution	1. Acknowledge the receipt of report of the encountered issue/ problem	None	15 minutes	Admin OCIO Proper
	1.2 Once assessed, OCIO will forward the report to PMO-PIMS for proper action and further investigation.	None	1 day	Admin OCIO Proper
	1.3 Conduct investigation and assessment	None	2-3 days	(2) Social Insurance Assistant I, Social Insurance Officer II PMO-PIMS
	1.4 Facilitate series of meetings with Subject Matter Experts (SME) to assess the root cause of a certain problem	None	3 to 5 days *depends on the number of the concerned office/s	Senior Manager PMO-PIMS

	1.5 Consolidate all related documents and issuances	None	1 - 2 days	(2) Social Insurance Assistant I, Social Insurance Officer II PMO-PIMS
	1.6 Craft report (TOP-SET) with corresponding recommendation/s to mitigate or to solve the issue once all necessary documents has been provided by the concerned office/s.	None	3-5 days	(2) Social Insurance Assistant I, Social Insurance Officer II PMO-PIMS
2. Receive copy of the Problem Management Report	2.1 Submit report	None	1 day	(2) Social Insurance Assistant I, Social Insurance Officer II PMO-PIMS
TOTAL:			11 to 17 days	

2. Provide support to Integrated Project Management Tool (IPMT) Users

Provide support to all users of IPMT, which is a cloud-based software, that manages resources and timelines in terms of cost, materials, and

Office:	PMO-PIMS			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Portfolio Managers, Project Managers, and Project Coordinators			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Email Request / Phone Call		PMO-PIMS staff		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submit an e-mail request for support to imspm@philhealth.gov.ph or call at PMO-PIMS office	1.1 Acknowledge the receipt of the e-mail of the user	None	15 minutes	System Administrator PMO-PIMS
2. Receive issue resolution	2.1 Provide issue resolution **If issue is password resetting, forward to IT Helpdesk	None	1 day 30 minutes	System Administrator PMO-PIMS Social Insurance Officer II IT Helpdesk
TOTAL:			1 day and 45 minutes	

3. Generate Microsoft Teams (MS Teams) Link for Video Conference

Microsoft Teams is the hub for teamwork in Microsoft 365. The teams service enables instant messaging, audio and video calling, rich online meetings, mobile experiences, and extensive web conferencing capabilities. In addition, Teams provides file and data collaboration and extensibility features, and integrates with Microsoft 365 and other Microsoft ad partner apps.

Office:	PMO-PIMS			
Classification:	Simple			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	Anyone or/who has a 365 license			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Email Request / Phone Call		PMO-PIMS staff		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request to create a link and prov	Approval and ink details of the requests	None	5 minutes	Social Insurance Officer II and Social Insurance Assitant I PMO-PIMS

2. Request copy of meeting recordings	Download from the MS Streams	None	AVE. TIME: 5-10 MINS (<i>depends to the internet stability</i>)	Social Insurance Officer II and Social Insurance Assitant I PMO-PIMS
TOTAL:			10 to 15 minutes	

Information Management Sector (IMS)

Task Force Informatics
(TFI)

1. Data Extraction

Extraction of Raw Data to desired output layout

Office:	Task Force Informatics			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All PhilHealth Officers and Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of TFI Request Form		TFI Office		
CLIENT STEPS	AGENCY ACTION	FEEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit accomplished and approved TFI request Form	1.1 Accepts and reviews TFI request form for completeness of minimum required information (with expected output layout)		20mins	Clerk III TFI
	1.2 Records to logs of TFI requests		5mins	Clerk III TFI
	1.3 Forwards TFI request form and attachment (if any) to analyst		5mins	Clerk III TFI
	1.4 Reviews and assesses output specification requirements and availability and clarity of data/information and assignment of developer; updates log of TFI requests		20mins	Analyst TFI
	1.5.1 If ok, forward to developer		5mins	Analyst TFI
	1.5.2 If not ok, meeting with requesting party to clarify request requirements		1hr	Analyst, Developer TFI

	1.6 Reviews and analyses data and output specification requirements
	1.7 Creates SIMPLE script
	1.8 Creates COMPLEX script
	1.8 Ceates HIGHLY TECHNICAL script
	1.9 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for SIMPLE requests
	1.10 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for COMPLEX requests
	1.11 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for HIGHLY TECHNICAL requests
	1.12 Updates to logs of TFI requests

None

15mins	Developer TFI
1hr	Developer TFI
1 day	Developer TFI
3 days	Developer TFI
1 day	Developer TFI
5 days	Developer TFI
15 days	Developer TFI
10mins	Developer TFI

	1.13 Secure copy of results to clerk with password created		30mins	Developer TFI
	1.14 Informs requesting party of the availability of requested data		30mins	Clerk III TFI
	1.15 Releases output to requesting party		30mins	Clerk III TFI
	1.16 Copy to storage devise for large volume of data		+30mins	Clerk III TFI
	1.17 Updates to logs of TFI requests		10mins	Clerk III TFI
Assumption: The requested data is not available in PCD				
TOTAL:			20 days	

2. Dashboard or Reports

Creation of PCD Dshboard or Reports

Office:	Task Force Informatics			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	All PhilHealth Officers and Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Original Copy of Letter Request		TFI Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Compose Letter requesting for PCD Dashboard or Report	1.1 Receives and records to logs of TFI requests		20 mins	Clerk TFI

	1.2 Reviews and assesses request specification requirements and assignment of developer; updates log of TFI requests
	1.3 reviews and drafts design of expected dashboard or report
	1.4 Sets meeting with requesting party
	1.5 Presents draft and finalizes requirements of requested dashboard or report
	1.6 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for SIMPLE dashboard or report
	1.7 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for COMPLEX dashboard or reports
	1.8 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for HIGHLY TECHNICAL dashboard and reports
	1.9 Updates to logs of TFI requests

None

20 mins	Analyst TFI
15 mins	Developer TFI
10 mins	Clerk TFI
1 day	Developer, Supervisor TFI
1 day	Developer TFI
5 days	Developer TFI
15 days	Developer TFI
10 mins	Developer TFI

	1.10 Informs requesting party of the availability of dashboard or report in PCD	30 mins	Clerk TFI
	1.11 Presents final dashboard or report to requesting party	30 mins	Developer, Supervisor TFI
	1.12 Copy to storage devise for large volume of data	+30 mins	Clerk TFI
	1.13 Updates to logs of TFI requests	10 mins	Clerk TFI
TOTAL:		20 days	

Legal Sector

Arbitration Office

1. Issuance of Documents

For document request relative to the administrative cases filed before the Arbitration Office.

Office:	Arbitration Office			
Classification:	Simple			
Type of Transaction:	G2C - Government to Citizen; G2B - Government to Business; G2G - Government to Government			
Who may avail:	The parties of the case or duly authorized representative/counsel of a concerned party; other concerned offices who may require these documents in their process.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For internal clients - original copy or e-copy of a <i>letter-request</i> or duly accomplished Arbitration Office <i>Document Request Form</i> indicating clearly the purpose of the request. Such request should be signed by Head of Office of the requesting party. (1 copy)		Arbitration Office - Receiving/Docket Clerk		
For external clients - original or e-copy of a formal letter-request signed by the Respondent or its duly authorized representative/counsel. (1 copy)		Requesting party		
Note: Only copies of documents of the original documents under the custody of the Arbitration Office shall be released. If the original of the document requested is not from the Arbitration Office, it shall be automatically referred to the concerned Office who issued the original document.				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit letter-request or duly accomplished Arbitration Office Document Request Form.	1.1. Stamp received and record to incoming logbook.	None	5 mins	Docket/ Receiving Clerk, Arbitration Office
None	1.2. Forward request to Legal Asst. or Legal Researcher handling the case.	None	3 mins	Docket/ Receiving Clerk Senior Arbiter/VP, Arbitration Office
None	1.3. Receive and evaluate if request could be granted.	None	5 mins	Legal Researcher/ Senior Arbiter, Arbitration Office

None	1.4. Pull-out case folder/s and re-produce copies of documents requested.	None	*1 to 3 days	Legal Researcher/ Senior Arbiter, Arbitration Office
2. Receive copy (either thru mail or to be picked-up personally)	2.1 Arbitration Office to release copies, if granted, or notify client for non-approval of request thru a memo signed by the handling	None	5 mins	Legal Assistant/Legal Researcher/ Senior Arbiter, Arbitration Office
Total:		None	1 to 3 days & 18 mins	

**May take longer depending on the volume of the documents requested*

Legal Sector

Fact-Finding Investigation and Enforcement Department

1. Issuance of Certificate of Ongoing/Pending Investigation Against a Health Care Provider

Issuance of certification is on a per request basis (to expound information of the service description)

Office:	Fact-Finding Investigation and Enforcement Department			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who May Avail:	Accreditation Committee - PRO, and Accreditation Department			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Letter requesting for certification, listing the details of health care providers (HCP profile) needed to be checked. This may be submitted through email (scanned original copy of request), or endorsement of original hardcopy. (1 copy)		Accreditation Office/Committee personnel		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Forward letter-request to FFIED (emailed or transmit hard copy of the request)	1.1 Receive and record the request in the department's transaction recording system	None	2 hours	Administrative personnel, Fact-Finding Investigation and Enforcement Department
None	1.2 Acknowledge receipt of emailed/hard copy of request	None	1 hour	Administrative personnel, Fact-Finding Investigation and Enforcement Department

None	1.3 Evaluate the request	None	30 minutes	Department Manager, Fact-Finding Investigation and Enforcement Department
None	1.4 Endorse to Administrative Section to facilitate request	None	10 minutes	Department Manager, Fact-Finding Investigation and Enforcement Department
None	1.5 Administrative personnel to look into the database	None	2 hours to 40 working hours (for 5 to 60 health care providers to check)	Administrative personnel, Fact-Finding Investigation and Enforcement Department
None	1.6 Prepare the certification letter	None	2 hours to 5 hours	Administrative personnel, Fact-Finding Investigation and Enforcement Department
None	1.7 Seek approval from Department Manager	None	30 minutes	Administrative personnel, Fact-Finding Investigation and Enforcement Department

None	1.8 Endorse to requesting office	None	2 hours	Administrative personnel, Fact-Finding Investigation and Enforcement Department
TOTAL:		None	50 working hours and 7 minutes (6 working days and 34 minutes)	

Legal Sector

Internal Legal Department (ILD)

1. Issuance of Contract Review from Internal Legal Department

Render contract review on all contracts or agreements to be entered into by the corporation to ensure that the provisions in the contract are consistent

Office:	Internal Legal Department (ILD)			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business			
Who may avail:	PhilHealth Regional Offices (PROs), Departments, Offices, Private Parties			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memorandum requesting for Contract Review (original copy) (1 copy)		Requesting office		
Final draft contract/agreement/document subject for review (original copy or photocopy)(1 copy)		Requesting office		
Certification of Complete Staff Work (CSW) - (original copy) (1 copy)		Requesting office		
Certification of Risk Assessment (if necessary) - (original copy)(1 copy)		Requesting office		
Other pertinent documents (if necessary) - (original copy or photocopy)(1 copy)		Requesting office		
If originated from PROs, initial evaluation & recommendation from PRO Legal Office (original copy)(1 copy)		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Endorse the request including all the necessary documents to Internal Legal Department	1.1 Receipt of indorsement of the request including all the necessary documents to Internal Legal Department (ILD)	None	1 working day	Receiving Clerk/ Legal Assistant Office of the Senior Vice President, Legal Sector; Receiving Clerk/ Legal Assistant

None	1.2 Evaluate and assign the request for contract review Atty. IV/V	None	2 working days	Senior Manager, Internal Legal Department
None	1.3 Conduct research on the laws and regulations pertinent to the contract to be reviewed	None	10 working days	Atty. IV/ V/ Legal Researcher, Internal Legal Department
None	1.4 Draft contract review/ issue legal certification	None		Atty. IV/ V/ Legal Researcher, Internal Legal Department
None	1.5 Approve/ Modify draft contract review	None	6 working days	Senior Manager, Internal Legal Department
None	1.6 Recommend for approval by the Senior Vice President-Legal Sector	None		Senior Manager, Internal Legal Department
None	1.7 Endorse to Office of the Senior Vice President for Legal Sector	None	1 working day	Legal Assistant, Internal Legal Department
TOTAL:		None	20 working days	

Note: Since contract review is considered as highly technical in nature, its total TAT (Turn-Around-Time) is 20 working days but may be extended to another 20 working days, as the case may be.

2. Issuance of Legal Opinion from Internal Legal Department

Render legal opinion to issues raised by the addressee that constitute legal matter in reference to interpretation of existing laws and regulations.

Office:	Internal Legal Department (ILD)			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business			
Who may avail:	PhilHealth Regional Offices (PROs), Departments, Offices, Private Parties			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memorandum requesting for Legal Opinion (original copy) (1 copy)		Requesting office		
Pertinent documents (original copy or photocopy) (1 copy)		Requesting office		
If originated from PROs, Legal Opinion issued by PRO Legal Unit (original copy)(1 copy)		Requesting office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Endorse the request including all the necessary documents to ILD	1.1 Receipt of indorsement of the request including all the necessary documents to Internal Legal Department (ILD)	None	1 working day	Receiving Clerk/ Legal Assistant from Office of the Senior Vice President for Legal Sector; Receiving Clerk/ Legal Assistant of ILD
None	1.2 Evaluate and assign the request for review/opinion of Atty. IV/ V	None	2 working day	Senior Manager, Internal Legal Department
None	1.3 Conduct research on the laws and regulations pertinent to the issues raised	None	10 working days	Atty. IV/ V/ Legal Researcher, Internal Legal Department
None	1.4 Draft legal opinion	None		Atty. IV/ V/ Legal Researcher, Internal Legal Department
None	1.5 Approve/modify the draft legal opinion	None	6 working days	Senior Manager, Internal Legal Department

None	1.6 Recommend for approval by the Senior Vice President-Legal Sector	None		Senior Manager, Internal Legal Department
None	1.7 Endorse to Office of the Senior Vice President for Legal Sector (OSVP-LSS) for SVP's approval/ comment/ modification of legal opinion	None	1 working day	Legal Assistant, Internal Legal Department
TOTAL:		None	20 working days	

Note: Since legal opinion is considered as highly technical in nature, its total TAT (Turn-Around-Time) is 20 working days but may be extended to another 20 working days, as the case may be.

3. Handling of Appeals and Special Cases

Represent the Corporation before quasi-judicial and judicial bodies for special and appealed cases.

Office:	Internal Legal Department (ILD)			
Classification:	Highly Technical			
Type of Transaction:	G2G -Government to Government			
Who May Avail:	PhilHealth Regional Offices (PROs) and Central Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Endorsement letter of subject cases with the one (1) copy of complete and original records of the case, such as decisions, complaint affidavits, replies, comments, & other pleadings filed in judicial and quasi-judicial bodies.		Office of the President / Office of the Regional Vice Presidents		
One (1) Copy of Order from judicial or quasi-judicial bodies		Judicial or quasi-judicial bodies		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submission of endorsement letter with complete records of the case or Order from judicial or quasi-judicial bodies.	1.1 Preparation/Drafting of petitions, motions & other pleadings	None	15 working days	Lawyer, Internal Legal Department (ILD)
	1.2 Filing of the necessary petitions, motions & other pleadings	None	5 working days	Legal Researcher/Administrative Assistant, Internal Legal Department
TOTAL:		None	20 working days	
* Processing time may be extended beyond 20 working days depending on the court order but will not go beyond the reglementary period.				

4. Remittance Enforcement

Monitoring of the PhilHealth Regional Offices (PROs)-Legal Units in ensuring compliance to collection/remittance of premium payments against delinquent employers.

Office:	Internal Legal Department (ILD)			
Classification:	Complex			
Type of Transaction:	G2G - Government to Government			
Who May Avail:	PhilHealth Regional Offices (PROs)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Submission of one (1) of collection cases report against delinquent employers.		PhilHealth Regional Offices thru the office of the Regional Vice Presidents / Legal Head Units		
Final demand letters issued (1 copy)		Legal Head Units of PhilHealth Regional Offices		
Report on criminal complaints filed against delinquent employers (1 copy)		Legal Head Units of PhilHealth Regional Offices		
Updated report on settlement or amount recovered on delinquent employers (1 copy).		Legal Head Units of PhilHealth Regional Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE

1. Submission of quarterly reports including Final demand letters issued & Complaints Filed with the Prosecutor's Office.	1.1.The Special investigator shall consolidate all reports from PhilHealth Regional Offices-Legal Units.	None	6 working days	Special Investigator/Legal Assistant, Internal Legal Department (ILD)
None	1.2 The consolidated report shall be submitted to OSVP-LS for monitoring	None	1 working day	Special Investigator/Legal Assistant, Internal Legal Department (ILD)
TOTAL:		None	7 working days	

Legal Sector

Office of the Senior Vice-President,
Legal Sector (OSVP-Legal)

1. Issuance of Contract Review from

Render contract review on all contracts or agreements to be entered into by the corporation to ensure that the provisions in the contract are consistent with the law and applicable rules, equitable and not prejudicial to the corporation.

Office:	Office of the Senior Vice-President, Legal Sector (OSVP-Legal)
Classification:	Highly Technical
Type of Transaction:	G2G - Government to Government; G2B - Government to Business
Who may avail:	PhilHealth Regional Offices (PROs), Departments, Offices within the Corporation, Private Parties
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Formal request for Contract Review (original copy) (1 copy)	Requesting office
Final draft contract/agreement/document subject for review (original copy or photocopy) (1 copy)	Requesting office
Certification of Complete Staff Work (CSW)-(original copy) (1 copy)	Requesting office
Certification of Risk Assessment (if necessary) - (original copy) (1copy)	Requesting office
Other supporting documents (if necessary)- (original copy or photocopy) (1 copy)	Requesting office
If originated from PROs, initial evaluation & recommendation from PRO Legal Office (original copy) (1 copy)	Requesting office

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Receive request for Contract Review from the requesting office.	1. On the receiving copy of the requesting office, a word "Received" shall be stamped with date receipt and name of the personnel who received the document.	None	2 minutes	Receiving staff/personnel, Office of the Senior Vice-President, Legal Sector
None	2. Encode request for contract review in the database of OSVP-Legal and assignment of tracking number to the document.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice-President, Legal Sector
None	3. Initial evaluation (ensure the completeness of supporting documents) and preparation of endorsement to Internal Legal Department.	None	10 minutes	Executive Assistant IV, Office of the Senior Vice-President, Legal Sector

None	4. Approval of endorsement with further instruction to ILD if necessary.	None	15 minutes	Senior Vice-President, Office of the Senior Vice- President, Legal Sector
None	5. Log-out the document to the database. Preparation of transmittal to ILD.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice- President, Legal Sector
None	6. Release of document to ILD	None	5 minutes	Courier

None	7. Review and preparation of Contract Review of ILD	None	20 days	Internal Legal Department
None	8. Receive Contract Certification/Review from ILD for review/approval of the SVP, Legal. Log-in the document to database.	None	3 minutes	Receiving staff/personnel, Office of the Senior Vice-President, Legal Sector
None	9. Log-in the document to database.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice-President, Legal Sector
None	10. Review/approval of Contract Certification/Review.	None	30 minutes	Senior Vice-President, Office of the Senior Vice-President, Legal Sector
None	11. Log-out the document to database. Prepare the transmittal to ILD.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice-President, Legal Sector
None	12. Return of Approved Contract Certification/Review to ILD	None	5 minutes	Courier

TOTAL:	NONE	20 working days & 90 minutes	
* Turn Around Time (TAT) of other offices is included to present the end to end transaction. To identify the processing time for Legal opinion , the reader must view the Office of the Senior Vice President, Legal Sector TAT only, exclude TAT of other offices.			

2. Issuance of Legal Opinion from Office of the Senior Vice-President, Legal Sector

Render legal opinion to issues raised by the addressee that constitute legal mater in reference to interpretation of existing laws and regulations.

Office:	Office of the Senior Vice-President, Legal Sector (OSVP-Legal)			
Classification:	Highly Technical			
Type of Transaction:	G2G - Government to Government; G2B - Government to Business			
Who may avail:	PhilHealth Regional Offices (PROs), Departments, Offices within the Corporation, Government Agencies, Private Parties			
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE			
Formal request for Legal Opinion (original copy) (1 copy)	Requesting office			
Supporting documents (original copy or photocopy (1 copy)	Requesting office			
If originated from PROs, Legal Opinion issued by PRO Legal Unit (original copy) (1 copy)	Requesting office			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit request for Legal opinion from the requesting office.	1.1 On the receiving copy of the requesting office, a word "Received" shall be stamped with date receipt and name of the pesonnel who received the document.	None	2 minutes	Receiving staff/personnel, Office of the Senior Vice-President, Legal Sector

None	1.2 Encode request for legal opinion in the database of OSVP-Legal and assignment of tracking number to the document.	None	5 minutes	Senior Vice-President, Office of the Senior Vice-President, Legal Sector
None	1.3 Initial evaluation (ensure the completeness of supporting documents) and preparation of endorsement to Internal Legal Department.	None	10 minutes	Executive Assistant IV, Office of the Senior Vice-President, Legal Sector

None	1.4. Approval of endorsement with further instruction to Internal Legal Department if necessary.	None	15 minutes	Senior Vice-President, Office of the Senior Vice-President, Legal Sector
None	1.5 Log-out the document to the database. Preparation of transmittal to Internal Legal Department	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice-President, Legal Sector
None	1.6 Release of document to Internal Legal Department	None	5 minutes	Courier
None	1.7 Review and preparation of legal opinion of Internal Legal Department	None	* 20 days	Internal Legal Department
None	1.8 Receive legal opinion from Internal Legal Department for review and approval of the SVP, Legal.	None	3 minutes	Receiving staff/personnel of OSVP-Legal, Office of the Senior Vice-President, Legal Sector
None	1.9 Log-in the document to database.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice-President, Legal Sector

None	1.10 Review/approval of legal opinion	None	30 minutes	Senior Vice-President, Office of the Senior Vice- President, Legal Sector
None	1.11 Docketing of legal opinion. Log-out the legal opinion to the database. Prepare the transmittal.	None	5 minutes	Administration Services Assistant –B, Office of the Senior Vice- President, Legal Sector
None	1.12 Release the opinion to the requesting office. (Mailing for PROs, Government Agencies, Private Parties and personal service to deparments/offices within the Corporation.	None	5 minutes	Courier
TOTAL:		NONE	20 working days & 90 minutes	
* To present the end to end transaction, TAT of other offices is included to present the end to end transaction. To identify the TAT for legal opinion, the reader must view the Office of the Senior Vice President, Legal Sector TAT only, exclude TAT of other offices.				

HR FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback?	Feedback and complaints are sent directly to email addresses of the HRD Units concerned. There is an intranet website for the Human Resource Department where the email addresses of HRD Units/Teams are published and accessible to employees.
How feedbacks are processed?	Feedback that can be resolved within the jurisdiction of the employee concerned are acted upon immediately by the HR Staff concerned. Those that needs to be elevated to the supervisor will be acted upon by the supervisor. Some items shall be elevated to the Section Chief, Division Chief, HRD Head, MSS Head and ExCom Level, depending on the nature of the feedback/complaint.
How to file a complaint?	Complaints can either be reported to the HRD/HRU through a face-to-face Transaction. It can also be documented through an incident report to be submitted to the HRD. It can also be forwarded to the HRD through email. HRD also accepts anonymous complaints.
How complaints are processed?	Complaints are processed by the HRD Head by referring the concern to responsible HR Unit for validation of the concern and root-cause analysis if found valid, then a recommended course of action, subject to the approval of the HRD Head. The approved action shall then be acted upon until the complaint is resolved.
Contact Information of (office)	Human Resource Department Landline 8706-6735

CAC FEEDBACK AND COMPLAINTS MECHANISM

How to send feedback?	<p>All external clients, including government channels (i.e. 8888, CSC-CCB, e-FOI, PCC, ARTA, etc.) and media can send feedback (complaints, suggestions and commendations) to PhilHealth through any of the following communication channels of the Corporate Action Center and regional counterparts:</p> <p>Email:</p> <ul style="list-style-type: none"> - actioncenter@philhealth.gov.ph or - email address of PhilHealth Regional Offices (PROs), Branches, and Local Health Insurance offices (LHIOs) posted in philhealth website (www.philhealth.gov.ph) <p>Call:</p> <ul style="list-style-type: none"> - hotline 8441-7442 - phone number of PROs, Branches and LHIOs posted in philhealth website (www.philhealth.gov.ph) <p>Social Media:</p> <ul style="list-style-type: none"> - "@PhilHealthofficial" facebook page <p>Walk-In:</p> <ul style="list-style-type: none"> - CAC Walk-In Counter, PhilHealth Head Office, Room 707 CityState Centre, 709 Shaw Boulevard, Oranbo, Pasig City - PhilHealth Regional and Local Offices with addresses posted at philhealth website (www.philhealth.gov.ph)
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How feedbacks are processed?	<p>1. Recieving and Initial Validation</p> <p>The Responsible CAC Team managing the channel or assigned Action Officer Designates (AODs) in PROs and LHIOs:</p> <ol style="list-style-type: none"> Receives client feedback Requests consent on use of personal information, then verifies concern with the client, evaluates client feedback and profile/records, previous transactions of client through Customer Service Management System (CSMS) Requests for additional BASIC information/documents required for processing. <p>Note: <i>Required documents may include:</i></p> <ul style="list-style-type: none"> - "Salaysay", attached payslips and other proof, if client feedback is a complaint against non-remitting employer - Usual basic information and documents required in PhilHealth processes, in accordance wih existing corporate policies and rules and Citizen's charter <ol style="list-style-type: none"> Identifies responsible office to handle transaction (based on function, jurisdiction and lodged authority) Determines complexity of processing and corrsponding TAT in accordance with EODB Law. <ul style="list-style-type: none"> - Simple (3 workinng days from receipt of PhilHealth) - if processing and final response is ministerial not requiring review and approval process. - Complex (7 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require regular review and approval process - Technical (20 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require teachnical/management review and approval process
	<p>2. Acknowledgment and Initial Response</p> <p>The handling office (CAC or endorsee office):</p> <ol style="list-style-type: none"> Endorse the transaction to an appropriate office through CSMS (If Level 2) Issues or communicates acknowledgment and initial response to client/government channel if the final response is not readily available. <p>Note: Initial response includes (1) "concrete and specific action within 72 hours" in accordance with Executive Order No. 6, 2016; (2) transaction reference number, (3) contact information of office for follow-up i.e. hotline 02-8441-7442 and actioncenter@philhealth.gov.ph. or local hotline or email of PRO or LHIO)</p>

	<p>3. Provision of Relevant Services</p> <p>The handling office:</p> <p>a. Requests client for additional TECHNICAL information/documents required for processing, if any (For technical transactions).</p> <p>Note: If requiring the release of Personally Identifiable Information, require at least 3 correct information validated against client's database records for information security purposes.</p> <p>b. Provides services as may be related to the client's concern, in accordance with existing corporate policies and procedures.</p> <p>c. Provides redress to the client for non-conforming services (i.e. correction of errors, giving of apology to the client, correction of other affected processes or services)</p>
	<p>4. Respond to the Client (including Government Channel)</p> <p>The handling office:</p> <p>a. Prepares, reviews, and approves (or pre-approve) final response to client</p> <p>b. Releases approved/pre-approved response to client and government channel, if applicable, within the prescribed TAT.</p> <p>c. In case the needed processes cannot be completed within the prescribed TAT, the CAC (for govt lodged tickets) or handling office (for clients) informs the client before the deadline about the needed TAT extension which shall not exceed an additional 3, 7 and 20 working days for simple, complex and technical transactions respectively.</p> <p>d. If government-lodged, the CAC provides updates to government channels and facilitates closure.</p>
<p>How to file a complaint?</p>	<p>All external clients, including government channels (i.e. 8888, CSC-CCB, PCC, ARTA, etc.) and media can send complaints to PhilHealth through any of the following communication channels of the Corporate Action Center and regional counterparts:</p> <p>Email:</p> <ul style="list-style-type: none"> - actioncenter@philhealth.gov.ph or - email address of PhilHealth Regional Offices (PROs), Branches, and Local Health Insurance offices (LHIOs) posted in philhealth website (www.philhealth.gov.ph) <p>Call:</p> <ul style="list-style-type: none"> - hotline 8441-7442 - phone number of PROs, Branches and LHIOs posted in philhealth website (www.philhealth.gov.ph) <p>Social Media:</p> <ul style="list-style-type: none"> - "@PhilHealthofficial" facebook page <p>Walk-In:</p> <ul style="list-style-type: none"> - CAC Walk-In Counter, PhilHealth Head Office, Room 707 CityState Centre, 709 Shaw Boulevard, Oranbo, Pasig City - PhilHealth Regional and Local Offices with addresses posted at philhealth website (www.philhealth.gov.ph)

How complaints are processed?	<p>1. Recieving and Initial Validation</p> <p>The Responsible CAC Team managing the channel or assigned Action Officer Designates (AODs) in PROs and LHIOs:</p> <ol style="list-style-type: none"> Receives client feedback Requests consent on use of personal information, then verifies concern with the client, evaluates client feedback and profile/records, previous transactions of client through Customer Service Management System (CSMS) Requests for additional BASIC information/documents required for processing. <p>Note: Required documents may include:</p> <ul style="list-style-type: none"> - <i>"Salaysay", attached payslips and other proof, if client feedback is a complaint against non-remitting employer</i> - <i>Usual basic information and documents required in PhilHealth processes, in accordance wih existing corporate policies and rules and Citizen's charter</i> <ol style="list-style-type: none"> Identifies responsible office to handle transaction (based on function, jurisdiction and lodged authority) Determines complexity of processing and corrsponding TAT in accordance with EODB Law. <ul style="list-style-type: none"> - Simple (3 workingg days from receipt of PhilHealth) - if processing and final response is ministerial not requiring review and approval process. - Complex (7 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require regular review and approval process - Technical (20 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require teachnical/management review and approval process
	<p>2. Acknowledgment and Initial Response</p> <p>The handling office (CAC or endorsee office):</p> <ol style="list-style-type: none"> Endorse the transaction to an appropriate office through CSMS (If Level 2) Issues or communicates acknowledgment and initial response to client/government channel if the final response is not readily available. <p>Note: Initial response includes (1) "concrete and specific action within 72 hours" in accordance with Executive Order No. 6, 2016; (2) transaction reference number, (3) contact information of office for follow-up i.e. hotline 02-8441-7442 and actioncenter@philhealth.gov.ph. or local hotline or email of PRO or LHIO)</p>
	<p>3. Provision of Relevant Services</p> <p>The handling office:</p> <ol style="list-style-type: none"> Requests client for additional TECHNICAL information/documents required for processing, if any (For technical transactions). <p>Note: If requiring the release of Personally Identifiable Information, require at least 3 correct information validated against client's database records for information security purposes.</p> <ol style="list-style-type: none"> Provides services as may be related to the client's concern, in accordance with existing corporate policies and procedures. Provides redress to the client for non-conforming services (i.e. correction of errors, giving of apology to the client, correction of other affected processes or services)

	<p>4. Respond to the Client (including Government Channel)</p> <p>The handling office:</p> <ul style="list-style-type: none"> a. Prepares, reviews, and approves (or pre-approve) final response to client b. Releases approved/pre-approved response to client and government channel, if applicable, within the prescribed TAT. c. In case the needed processes cannot be completed within the prescribed TAT, the CAC (for govt lodged tickets) or handling office (for clients) informs the client before the deadline about the needed TAT extension which shall not exceed an additional 3, 7 and 20 working days for simple, complex and technical transactions respectively. d. If government-lodged, the CAC provides updates to government channels and facilitates closure.
Contact Information of ARTA, PCC, and CCB	<p>Anti-Red Tape Authority (ARTA): complaints@arta.gov.ph 8-478-5093</p> <p>Presidential Complaint Center (PCC): pcc@malacanang.gov.ph 8888</p> <p>Contact Center ng Bayan (CCB): email@contactcenterngbayan.gov.ph 0908-881-6565</p>

LIST OF OFFICES

OFFICES	ADDRESS	CONTACT INFORMATION
PHILHEALTH HEAD OFFICE		
PhilHealth Central Office	Citystate Centre, 709 Shaw Blvd., 1603 Pasig City, Philippines	8441-7444 / 8441-7442 Textline:0917-898-7442 (PHIC) actioncenter@philhealth.gov.ph
PHILHEALTH REGIONAL OFFICE - BRANCH		
PRO NCR- North Manila	10th Commandment Building, Rizal Avenue, Caloocan City	
PRO NCR Central - Quezon City	Corporate 145 Building, 145 Mother Ignacia, Brgy. South Triangle, Quezon City	
PRO NCR South - Pasig	8007 Pioneer Street, Kapitolyo, Pasig City	
PRO III Branch A- San Fernando	2/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga	(045) 961-0710 loc. 4321
PHILHEALTH REGIONAL OFFICE		
PRO NCR	VCP Building, Block 56, Lot 11, 68 Kalayaan Avenue Teacher's Village West, Quezon City	(02) 8441-5673
PRO I - Dagupan	Akia Building, Old De Venecia Highway Dagupan City, Pangasinan	(075) 515-3333; (075) 5229691 (fax) region1@philhealth.gov.ph
PRO II - Tuguegarao	The Builder's Place, Del Rosario St. Tuguegarao City, Cagayan 3500	(078) 255-1342; (0917) 8357544 info.pro2@philhealth.gov.ph

PRO CAR - Baguio	SNOBT Inc. Bulding, No. 19 Leonard Wood Road Baguio City 2600	(074) 444-5345; 444-8361; 444-9862 car@philhealth.gov.ph
PRO III-A - San Fernando	G/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000	(045) 961-1977; (045) 961-3949 loc. 4330
PRO III-B - Malolos	The Cabanas Mall of Malolos 2nd and 3rd floors N4 Bldg. Km. 44/45 MacArthur Highway Longos, Malolos City, Bulacan	(044) 796-1559; (044) 796-1560 loc. 4400
PRO IV-A - Lucena	Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City	(042) 373-7554 member.pro4a@philhealth.gov.ph
PRO IV-B - Batangas	XentroMall Batangas City Diversion Road, Brgy. Alangilan Batangas City 4200	region4b@philhealth.gov.ph
PRO V - Legazpi	ANST III Building Alternate Road, Legazpi City	Healthline: (052) 481-5596
PRO VI - Iloilo	Gaisano Capital Building, Luna Street, Lapaz, Iloilo City	(033) 501-9160 to 62 loc. 100/102; (0998) 959-9487 region6@philhealth.gov.ph
PRO VII - Cebu	Golden Peak Hotel & Suites, Gorordo Ave. corner Escario St., Cebu City 6000	(032) 233-3270; 233-3289; 233-7407; 233-7523
PRO VIII - Tacloban	PhilHealth Building 167 P. Burgos St. Tacloban City, Leyte	(053) 325-3563; (053) 523-1195 (Fax) info.pro8@philhealth.gov.ph
PRO IX - Zamboanga	BGIDC Corporate Center, Gov. Lim Ave., Zamboanga City	(062) 992-2739 (fax) region9@philhealth.gov.ph
PRO X - Cagayan De Oro	8F Gateway Tower 2, Limketkai Center, C.M. Recto Avenue, Cagayan de Oro City	(088) 859-0225 region10@philhealth.gov.ph
PRO CARAGA - Butuan	Lynzee's Building, 766 J. Rosales Avenue, Butuan City	(085) 342-0900; (085) 816-0019; (085) 225-7026 loc. 101-103 caraga@philhealth.gov.ph

PRO XI - Davao	Valgosons Building Bolton Extension, Poblacion, Davao City	Trunkline: (082) 295-2133 local 6300; (082) 295-3382 (Public Affairs Unit) (0925) 7819987 (Local Healthline) publicaffairs.pro11@gmail.com; info.pro11@philhealth.gov.ph
PRO XII - Koronadal	CSA I Building Cor. Zulueta Street, General Santos Drive, Koronadal City	(083) 228-9731 to 34 (fax); (083) 228-4733 region12@philhealth.gov.ph admin.pro12@philhealth.gov.ph
PRO BARMM - Marawi	Kouzgary Business Complex, Alibin Talib Street, New Capitol HTs, Marawi Poblacion, Marawi City	pro.armm@philhealth.gov.ph phic_armm@yahoo.com
Local Health Insurance Office (LHIO)		
LHIO- Manila	JARS Bldg., 1810 J.P. Laurel St., San Miguel, Manila	(02) 8521-7321 so.manila@philhealth.gov.ph
LHIO-Caloocan	5th Floor, Victory Central Mall, Rizal Avenue Extension, Grace Park, Caloocan City	(02) 8365-0464
LHIO-Valenzuela	4/F Puregold, Paso de Blas Road Cor. East Service Road North, Valenzuela City	(02) 8277-4863
LHIO-Mandaluyong	3rd Floor, 500 Shaw Zentrum Mall Shaw Boulevard, Mandaluyong City	(02) 8532-0449
LHIO-South Triangle, Quezon City	Lower Ground Floor, Corporate Building 145 Mother Ignacia, Barangay South Triangle, Quezon City	(02) 8332-1557

LHIO-Fairview	Our Workshop Sales (OWS) Building Lot 19 Block 237 Neopolitan 4 Brittany Subdivision, Barangay Pasong Putik, Quezon City	(02) 8356-7461
LHIO-Rizal	Fibertex Bldg., cor. Don Mariano Subd., Ortigas Ext., Brgy San Juan, Cainta, Rizal	(02) 8997-8377
LHIO-Taguig	Global Satellite Office, 7th Floor SM Aura Tower, Bonifacio Global City, Taguig	
LHIO-Makati	2326 PTX Building, Chino Roces Ave. Extension, Magallanes, Makati City	
LHIO-Las Piñas	471 Editha Building, Alabang-Zapote Road, Almanza I, Las Piñas City	
LHIO-Parañaque	HRDC Building, Km. 16 South Super Highway Corner ACSIE Road, Severenian Industrial Estate West Service Road, Bgy. Marcelo Green Parañaque City	
LHIO-Laoag	G/F Valdez Building A, Valdez Center, Brgy. 1, San Francisco, San Nicolas, Ilocos Norte	(077) 600-0482; (077) 770-4945 (fax) laoag.pro1@philhealth.gov.ph
LHIO-Vigan	2/F Henady Bldg., del Pilar St., cor. Salcedo St., Vigan City, Ilocos Sur	(077) 604-0008 vigan.pro1@philhealth.gov.ph

LHIO-San Fernando	G/F, CSI The City Mall Inc., Brgy. Biday, San Fernando City, La Union	(072) 607-7162 launion.pro1@philhealth.gov.ph
LHIO-Western Pangasinan	G/F Marmor Realty, Quezon Avenue, Poblacion, Alaminos City, Pangasinan	(075) 523-1860 alaminos.pro1@philhealth.gov.ph
LHIO-Eastern Pangasinan	CBE Estrada Prime Holdings Inc., 3rd Floor CB Mall, Mac Arthur Highway, Nancayasan Urdaneta City, Pangasinan	(075) 600-5829; (075) 656-2030 (fax) urdaneta.pro1@philhealth.gov.ph
LHIO-Central Pangasinan	2nd BHF Family Plaza, Mayombo District, Dagupan City	(075) 522-3122 pmac.pro1@philhealth.gov.ph
LHIO-Tuguegarao	Juliana's Square Bldg., Rizal St., Centro 04 Tuguegarao City, Cagayan	(078) 844-0271; (0917) 7028135 tuguegarao.pro2@philhealth.gov.ph
LHIO-Iligan	Abarca Building, V. Cureg St. Calamagui 2nd, Iligan, Isabela	(078) 624-0259; (0995) 6590670 iligan.pro2@philhealth.gov.ph
LHIO-Cauayan	2nd Floor, LetJoelou Bldg., Canciller Ave. District 1 Cauayan City, Isabela	(078) 652-4166 ; (0917) 8659865 cauayan.pro2@philhealth.gov.ph
LHIO-Santiago	Ground Floor, MECC Bldg., National Highway, Villasis Santiago City, Isabela	(078) 3050181; (0945)3201872 santiago.pro2@philhealth.gov.ph
LHIO-Solano	OLMA Realty Bldg., National Highway, Brgy. Roxas Solano, Nueva Vizcaya	(0935) 3337886 solano.pro2@philhealth.gov.ph solanohead.pro2@philhealth.gov.ph
LHIO-Bangued	Ground Flr., VP Skyview Building, Magallanes St., Zone 5, Bangued, Abra 2800	(074) 752-7924; (0999) 777-6100

LHIO-Baguio	SNOBT Inc. Building, No. 19 Leonard Wood Road, Baguio City 2600	(0929) 370-5617
LHIO-La Trinidad	Dangwa Tranco Compound, Km. 2 Betag, La Trinidad, Benguet, 2601	(074) 424-8937
LHIO-Lagawe	2nd Flr., JDT Bldg., Lagawe, Ifugao 3600	(074) 382-2173; (0917) 574-7485
LHIO-Tabuk	1st Flr. Richmond Bldg., Purok 4, Bulanao, Tabuk City, Kalinga 3800	(0915) 779-6615
LHIO-Bontoc	1st Flr., Kedawen Bldg., Poblacion, Bontoc, Mt. Province 2616	(074) 602-1510; (0921) 471-9848
LHIO-San Fernando, Pampanga	G/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000	(045) 963-1155 loc. 4310
LHIO-Angeles	Ground Floor, ABC Bldg., Nepo Commercial Complex, Doña Teresa Ave., Angeles City C-2009	(045) 322-7162 loc. 4350
LHIO-Olongapo	1120 Rizal Ave., East Tapinac, Olongapo City C-2200	(047) 222-9427 loc.4354
LHIO-Iba	ACM Bldg., Zone 6, Iba, Zambales C-2201	(047) 811-3690 loc. 4355
LHIO-Tarlac	3F My Metro Town Mall, Sto. Cristo, Tarlac City C-2300	(045) 491 4696

LHIO-Balanga	2/F Zabala Bldg. II, Primrose St., Doña Francisca Subd., Balanga City C-2100	(047) 237-1921
LHIO-Malolos	The Cabanas Mall of Malolos 2nd and 3rd floors N4 Bldg. Km. 44/45 MacArthur Highway Longos, Malolos City C-3000	(044) 796-1559; (044) 796-1560 loc. 4400; (044) 796-3481
LHIO-Sta. Maria	A&E Bldg. 3, Gov. F. Halili Ave., Brgy. Bagbaguin, Sta. Maria, Bulacan C-3022	(044) 288-2617 loc. 4457
LHIO-Cabanatuan	3/F NE Pacific Mall, Maharlika Highway, Cabanatuan City, Nueva Ecija, C-3100	(044) 940-3723 loc. 4458
LHIO-Gapan	2F, Sta. Inez Bldg., Jose Abad Santos Ave., Sto. Niño, Gapan City, Nueva Ecija C-3105	(044) 486-9570 loc. 4459
LHIO-Baler	NE Baler, 2nd Floor, Brgy Suklayin, Baler Aurora C-3200	(0920) 538-9471
LHIO-San Pablo	Cosico Avenue Brgy. Del Remedio, San Pablo City, Laguna (near Laguna State Polytechnic University, San Pablo City campus)	(049) 562-7027 (fax); (049) 562-9242 sanpablo.pro4a@philhealth.gov.ph
LHIO-Trece Martires	1 FS Building, Governor's Drive Brgy. Hugo-Perez, Trece Martires City, Cavite	(046) 419-1686; (046) 419-0701 trecemartires.pro4a@philhealth.gov.ph
LHIO-Dasmariñas	2nd Floor Central Mall, Emilio Aguinaldo Highway, Salitran, Dasmariñas City, Cavite	(046) 472-0501; (046) 472-0468 dasma.pro4a@philhealth.gov.ph

LHIO-Calamba	CMC Annex Bldg. National Highway Crossing, Real, Calamba City	(049) 502-5697; (049) 544-4551 calamba.pro4a@philhealth.gov.ph
LHIO-Gumaca	Manuel Lorica Building, A. Bonifacio Street (Across NOVO) Barangay Pipisik, Gumaca, Quezon	(042) 317-7754 gumaca.pro4a@philhealth.gov.ph
LHIO-Lucena	LGCTI Bldg., Diversion Road, Brgy. Ilayang Dupay, Lucena City	(042) 3736703; (042) 373-6359 lucena.pro4a@philhealth.gov.ph
LHIO-Lemery	2/F Humarang Building Ilustre Ave. cor. Noble St. Lemery, Batangas	(043) 411-2048; (043) 411-1961
LHIO-Lipa	The Only Place Business Center Marawoy, Lipa City	(043) 312-5325
LHIO-Tanauan	2/F MBP Business Center President Laurel Highway, Poblacion Brgy. III Tanauan City, Batangas 4232	(043) 778-6242; (043) 778-6080 (Fax)
Island LHIO- Boac	Ground Floor Zenturia Hotel Isok I, Boac, Marinduque	(042) 332-2274
Island LHIO-Puerto Princesa	National Hway cor. Tiansuy Go Road, Brgy San Jose, Puerto Princesa City	
Island LHIO-Mamburao	ANTRAM Bldg. Seabreeze Subd., Brgy. Tayamaan, Mamburao, Occidental Mindoro	(043) 711-1778

Island LHIO-Calapan	Meck Bldg., Brgy. Masipit, Calapan City, Oriental Mindoro	
Island LHIO-Romblon	2/F GNI Bldg, Cocoville St, Brgy Dapawan, Odiongan, Romblon	
LHIO-Legazpi	2/F delos Santos Commercial Bldg. LandCo Business Park, Bitano Legazpi City	(052) 481-55-96 (telefax); (052) 480-15-89 albay.pro5@philhealth.gov.ph
LHIO-Masbate	Buna-Tusing Building, Danao Street Masbate City 5400	(056) 333-6041 masbate.pro5@philhealth.gov.ph
LHIO-Naga	Westpark, Magsaysay Ave., Naga City 4400	(054) 473-5632; (054) 472-1483 naga.pro5@philhealth.gov.ph
LHIO-Daet	Cañeba Building, Gov. Panotes Avenue Barangay VIII, Daet, Camarines Norte	(054) 440 3380-81 daet.pro5@philhealth.gov.ph
LHIO-Sorsogon	LJA Bldg., Flores St., Burabod, Sorsogon City, Sorsogon	(056) 421-5582 sorsogon.pro5@philhealth.gov.ph
LHIO-Virac	2/F Riverside Building, Virac Town Center Gogon Sirangan, Virac, Catanduanes 4800	virac.pro5@philhealth.gov.ph
LHIO-Kalibo	L. Kristen and OJ's Place D. Magma Street Kalibo, Aklan	(036) 268-9001; 500-7211; 262-8001; 500-7106; 500-7118; 500-8703; (0917) 722-4451 kalibo.pro6@philhealth.gov.ph; it- kalibo.pro6@philhealth.gov.ph

LHIO-San Jose	Ground Floor, St. Nicholas Commercial Building, TA Fornier Street, San Jose, Antique	(036) 540-8052; 540-7209; 540-8023; (0917) 717-7135 sanjose.pro6@philhealth.gov.ph/pso_antique@yahoo.com
LHIO-Roxas	SHJ Bldg, Gov. Gabriel Hernandez Avenue, Roxas City, Capiz	(036) 522-4369; 621-0325; 522-8258; (0917) 7177183 roxas.pro6@philhealth.gov.ph/cpz_pso@yahoo.com
LHIO-Bacolod	426 Building, San Agustin Drive, Bacolod City, Negros Occidental	(034) 708-5335; 709-0133; (034) 432-2319; 433-3694; (0905) 273-0378 pso_bacolod@yahoo.com
LHIO-Passi	Carpark Area, Gaisano Capital, Simeon Aguilar Street, Pob., Ilawod Passi City, Iloilo	(033) 536-8301; (033) 311-6261; (0917) 390-8739 philhealthpassi@yahoo.com; iloilo.dc@philhealth.gov.ph; passi.pro6@philhealth.gov.ph
LHIO-Iloilo	Ground Floor, Gaisano Capital Building, Luna Street, Lapaz, Iloilo City	(033) 501-9160 to 62 loc. 100/102; (0998) 959-9487 iloilo.dc@philhealth.gov.ph
LHIO-Sagay	G/F NNPAI Building, National Highway, Pob. 2, Sagay City	(034) 722-0116; 488-0587; (0917) 717-7182 it-sagay.pro6@philhealth.gov.ph / pso_sagay@yahoo.com
LHIO-Kabankalan	NZ Bldg, JY Perez Highway, Barangay Talubangi, Kabankalan City, Negros Occidental	(034) 746-8256; 471-2050; (0925) 874-5410 kabankalan.pro6@philhealth.gov.ph
LHIO-Sara	Cecilio Tady Street, Pob. Sara, Iloilo	(033) 392-0520; 393-0262; (0917) 717-7184 sara.pro6@philhealth.gov.ph

LHIO-Cebu	PhilHealth Members' Assistance Center (PMAC) G/F Golden Peak Hotel & Suites, Gorordo Ave.corner Escario St., Cebu City 6000	441-7444 local 5561 cebu.pro7@philhealth.gov.ph
LHIO-Mandaue	Wireless Plaza, Hernan Cortes corner Lopez Jaena Streets, Subangdaku Mandaue City 6014 Cebu	032) 505-3022 (telefax) mandaue.pro7@philhealth.gov.ph
LHIO-Carcar	Lower Ground, New Carcar City Hall, Poblacion 3, Carcar City 6019 Cebu	(032) 516-7544; (032) 487-8501 (telefax) carcar.pro7@philhealth.gov.ph
LHIO-Danao	J. D. Almendras Building, National Road, Poblacion, Danao City 6004 Cebu	(032) 324-7963; 09171475041 danao.pro7@philhealth.gov.ph
LHIO-Tagbilaran	JGY Building, J.A Clarin Street, Tagbilaran City (Beside Motortrade and Colour Steel) 6300 Bohol	(038) 412-0248; (038) 235-5622 (telefax) tagbilaran.pro7@philhealth.gov.ph
LHIO-Talibon	RHU Building, Municipal Hall Compound, Talibon 6325 Bohol	(038) 515-5165 (telefax) talibon.pro7@philhealth.gov.ph
LHIO-Dumaguete	2nd Floor Poincare I Bldg., National Highway corner E.J. Blanco Drive Extension, Dumaguete City 6200 Negros Oriental	(035) 422-3931; (035) 225-9297 (telefax) dumaguete.pro7@philhealth.gov.ph

LHIO-vBais	Vean Bldg., Roxas St., Bais City 6206 Negros Oriental	(035) 402-3415; (0325) 402-8786 (telefax) bais.pro7@philhealth.gov.ph
LHIO-Borongan	Primea Hotel, G. Abogado cor. San Francisco Streets Barangay C, Borongan City, Eastern Samar	(055) 261-3329; (055) 560-9065 (fax)
LHIO-Catarman	6A Building, Garcia corner Mabini Streets Barangay Jose Abad Santos, Catarman, Northern Samar	(055)251-8240; (055)500-9281; (0917) 323-0036
LHIO-Maasin	Brgy. Mantahan, Maasin City, Southern Leyte	(053)381-3862; (053)570-8365
LHIO-Ormoc	LAM Building., Rudy Revilla Avenue Barangay Can-adieng, Ormoc City, Leyte	(053)255-4859; (053)561-2809
LHIO-Tacloban	Real Street, Fatima Village, Sagkahan, Tacloban City	(053) 888-0804
LHIO-Catbalogan	San Bartolomew Street, Barangay Ubanon, Catbalogan City, Western Samar	(055)543-8090
LHIO-Zamboanga	Wee Agro II bldg., Veterans Ave., Zamboanga City	(062) 310-3516
LHIO-Ipil	NMJ Bldg., Gethsemani St., cor. Sucgang Ave., Ipil, Zamboanga Sibugay	(062) 333-5495

LHIO-Pagadian City	Nesoricom Prime Arcade, Tiguma, Pagadian City	(062) 214-4303
LHIO-Dipolog City	ABC Lessor Bldg., Malvar St., Barangay Miputak, Dipolog City	(062) 212-7860
LHIO-Cagayan De Oro	Gateway Tower 2, Claro M. Recto Ave, Cagayan de Oro	
LHIO-Valencia, Bukidnon	GF Candelaria Bldg., Sayre Hi-way, Hagkol Valeciana City Bukidnon	
LHIO-Ozamis City, Misamis Occidental	J-ME Building, Rizal Ave. cor Capistrano St. Ozamis City	
LHIO-Gingoog City, Misamis Oriental	RRM Barro Bldg., Jadol-Tuto sts., Gingoog City Gingoog City, Misamis Oriental	
LHIO-Iligan City, Lanao Del Norte	GF Gonzales - Gimeno Bldg. 4 Macapagal Avenue Tubod Iligan City	
LHIO-PMAC (LHIO Butuan City)	Lynzee's Building, 766 J. Rosales Avenue, Butuan City	(085) 342-0900 pmac.procaraga@philhealth.gov.ph
LHIO-Bislig City, Surigao Del Sur	2F MNBC Bldg., Abarca cor. M. Castillo Streets, Mangagoy, Bislig City, Surigao del Sur	(086) 853-2262; (086) 628-2402; (0917) 702-4478; (0920) 2180118 bislig.procaraga@philhealth.gov.ph
LHIO-San Francisco, Agusan Del Sur	Alexandra Bldg., National Highway, Brgy. Hubang, San Francisco, Agusan del Sur	(085) 242-3883; (085) 343-9288 (fax) francisco.procaraga@philhealth.gov.ph

LHIO-Surigao Del Norte	2F Primeglee Bldg., San Nicolas St. corner Diez St., Surigao City	(086) 231-9261 surigao.procaraga@philhealth.gov.ph
LHIO-Tandag, Surigao del Sur	2nd Floor JTP Bldg., Bagong Lungsod, Tandag City, Surigao del Sur	(086) 211-4196; 211-4360 tandag.procaraga@philhealth.gov.ph
LHIO-Agusan del Sur	Alexandra Bldg., National Highway, Brgy. Hubang San Francisco, Agusan del Sur	(085) 343-9288; 242-3883
LHIO-Davao City	Valgosons Building Bolton Extension, Poblacion, Davao City	Trunkline: (082) 295-2133 local 6328 to 30
LHIO-Tagum City, Davao del Norte	G/Flr. F. Ramos Building, Lapu-lapu Street Magugpo, Poblacion, Tagum City, Davao Del Norte	Trunkline: (082) 295-2133 local 6363-64 Direct Lines:(084) 655-9609; (084) 655-0834
LHIO-Digos, Davao Del Sur	De Leon Bldg., Roxas Ext. St. Brgy. San Miguel, Digos City, Davao del Sur	Trunkline: (082) 295-2133 local 6365-66
LHIO-Digos	Gonzales Building, Vinzon Street, Digos City	272-2018 ; 272-4488
LHIO-Mati, Davao Oriental	Roche Building, Andravel corner Mabini Streets Barangay Central, Mati, Davao Oriental	Trunkline: (082) 295-2133 local 6363-64 Direct Lines:(084) 655-9609; (084) 655-0834
LHIO-Nabunturan, Compostela Valley Province	A. Ford Building, Purok 17, National Highway Nabunturan, Compostela Valley	Trunkline: (082) 295-2133 local 6361-62; Mobile No.: (0925) 5275048

LHIO-General Santos City, South Cotabato	JM II Bldg., Pendatun Avenue, Dadiangas North, General Santos City	(083) 305-1949 generalsantos.pro12@philhealth.gov.ph
LHIO-Kidapawan City, North Cotabato	Apol-J Bldg., Quezon Blvd., Kidapawan City	(064) 278-4360 kidapawan.pro12@philhealth.gov.ph
LHIO-Koronadal City, South Cotabato	Ground Flr., CSA I Building cor. Zulueta Street and General Santos Drive, Koronadal City	(083) 228-6389; (083) 228-9731 to 34 loc. 4506 pmac.pro12@philhealth.gov.ph
LHIO-Cotabato City, Cotabato	Door 3 F.A.Tan Bldg., S.K. Pendatun St., Cotabato City	(064) 421-7292; (064) 471-0304 cotabato.pro12@philhealth.gov.ph
LHIO- Isulan, Sultan Kudarat	R.E.R. Commercial Bldg. National Highway, Isulan, Sultan Kudarat	(064) 201-5009 isulan.pro12@philhealth.gov.ph
LHIO-Bongao, Tawi-Tawi	Samsuya Building, Tubig Boh Highway, Bongao, Tawi-Tawi	(0919) 874-2705 ptawitawi@gmail.com
LHIO-Marawi City	Ground Floor, Khouzbari Business Complex Ja'far Bin Abu Talib St., New Capitol Heights, Marawi City	(0938) 212-9134/ (0905) 574-5492
LHIO-Datu Odin Sinsuat	Ground Floor, A and N Business Center Barangay Upper Capiton, Datu Odin Sinsuat, Maguindanao	(064) 557-1423
LHIO-Buluan	Provincial Compound, Narra St., Poblacion, Buluan, Maguindanao	(0926) 391-9848
PHILHEALTH EXPRESS		

Robinsons Otis	2/F Robinsons Otis, Guanzon Street, Paco, Manila	
Robinsons Place Manila	Lingkod Pinoy Center, Pedro Gil Street, Ermita, Manila	
Lucky Chinatown, Binondo, Manila	3/F City Place Lucky Chinatown Mall Annex Regina, Binondo, Manila	
LRT North Mall, Caloocan	4/F Caloocan LRT North Mall, Rizal Avenue Extension, Caloocan City	
Robinsons Malabon	Governor Pascual Avenue corner Crispin Street, Tinajeros, Malabon City	
Robinsons Galleria	Lower Ground Floor, Lingkod Pinoy Center, Ortigas Avenue, Quezon City	
Rodriguez, Rizal	JP Rizal Street, Barangay Balite, Rodriguez, Rizal	
Antipolo, Rizal	2054 Robinsons Place, Antipolo City	
SM North EDSA	SM Annex, Government Services, Lower Ground SM City North EDSA, Quezon City	
Ali Mall	3rd Floor, P. Tuazon Avenue, Cubao, Quezon City	
Robinsons Metro East	Level 4 Lingkod Pinoy Center, Marcos Highway, Brgy. Dela Paz, Santolan, Pasig City	

Robinsons Place Las Piñas	Basement Level, Lingkod Pinoy Center, Alabang-Zapote Road, Talon Dos, Las Piñas City	
Muntinlupa City Hall	Main Building, Ground Floor, Philippine Business Registry, National Road, Putatan, Muntinlupa City	
Calasiao, Pangasinan	2/F Lingkod Pinoy Center, Robinsons Place	(075) 632-0107 pxcalasiao.pro1@philhealth.gov.ph
Robinsons Starmills	Marquee Mall, Angeles City Dinalupihan Municipal Hall, Bataan	
San Nicolas, Ilocos Norte	Level 1 Robinson's Place, San Nicolas, Ilocos Norte (West side)	(077) 772-2848 pxsannicolas.pro1@philhealth.gov.ph
Tuguegarao	Cagayan Valley Medical Center 8:00am - 2:00pm - Daily	
PhilHealth Express - Santiago	Robinson's Place, Santiago City 10:00am - 6:00pm - Tuesday to Friday	
PhilHealth Express - Nueva Vizcaya	Bambang Rural Health Unit 8:00am - 5:00pm - Daily	
NE Bodega Mall	NE Bodega Mall, Brgy. Abar 1st, San Jose City, Nueva Ecija	

	Annex Bldg., Municipal Comp., Baliuag, Bulacan	
Starmall- Bulacan	3F Starmall, Kaypian Road, Brgy. Kaypian, San Jose Del Monte Bulacan	(044) 797-0354
Robinsons Laguna	Robinsons Sta. Rosa City, Laguna	
Robinsons Place Dasmariñas	Robinsons Place Dasmariñas City, Cavite	
Robinsons Place Bacao	Robinsons Place Bacao, Gen. Trias, Cavite	
Robinsons Place Lipa	2/F Robinsons Place, Mataas na Lupa, Lipa City, Batangas	
NuCiti Baymall	NUCITI Bldg., P. Burgos St., Batangas City	
Robinsons Palawan	Robinsons Place, Brgy. San Jose Puerto Princesa City, Palawan	
Iriga City, Camarines Sur	City Public Library, Poblacion, Iriga City	(054) 456-2174 camsurex.pro5@philhealth.gov.ph
Sipocot, Camarines Sur	LGU Annex Building, LGU Compound Sipocot, Camarines Sur	(054) 450-6054 camsurex.pro5@philhealth.gov.ph
Tabaco, Albay	Ground Floor, Municipal Building Tabaco City, Albay	(052) 203-0262 albayex.pro5@philhealth.gov.ph
Ligao, Albay	Multipurpose Building, Barangay Guilid Ligao City, Albay	(052) 485-1898 albayex.pro5@philhealth.gov.ph

Robinsons Bacolod, Bacolod City	3/F Robinsons Place BacolodMandalagan, Bacolod City	(0933) 629-6623
Robinsons Iloilo, Iloilo City	Lingkod Pinoy Center, 3rd level Robinsons Placel Ioilo, Mabini Street, Iloilo City	(0918) 553-3223 exp.robiloilo@philhealth.gov.ph
Iloilo - Jaro, Iloilo City	Lingkod Pinoy Center, Ground Floor Robinsons Place, Jaro, Iloilo City	
Robinsons Roxas City, Capiz	2nd Floor, Lingkod Pinoy Center, Robinsons Place Roxas Barangay Lawa-an, Roxas City, Capiz	(0917) 625-8999 express.capiz@philhealth.gov.ph
San Carlos City, Negros Occ.	2nd Floor Jose V. Valmayor Public Market V. Gustilo Sreet, San Carlos City, Negros Occidental	(034) 729-3897; (0939) 599-3788 sancarlosbc.pro6@philHealth.gov.ph
Guimbal Poblacion, Iloilo	Poblacion Gerona Street, Guimbal, Iloilo	(0916) 571-4471 exp.guimbal@philhealth.gov.ph
Caticlan, Malay, Aklan	Barangay Hall, Sitio Proper Caticlan, Malay, Aklan	
SM City Cebu	2nd Level, Government Services Express, SM City Cebu, North Reclamation Area, Cebu City Monday – Saturday; 10 am to 7 pm	
Robinsons Fuente	3rd Level, Lingkod Pinoy Center, Robinsons Fuente, Osmeña Blvd., Cebu City Monday – Saturday; 10 am to 7 pm	

Robinsons Galleria- Cebu	3rd Level, Lingkod Pinoy Center, Robinsons Galleria, Gen. Maxilom Avenue Extension, Cebu City Monday – Friday; 10 am to 7 pm	
SM City Consolacion	2nd Level, SM City Consolacion, Cebu National Road, Cansaga, Consolacion, Cebu Mondays - Fridays, 10am to 7pm	
Galleria Luisa, Tagbilaran City	2nd Level, Galleria Luisa, Celestino Gallares Street, Tagbilaran City, Bohol Monday – Friday; 9 am to 6 pm	
Robinsons Place, Dumaguete City	2nd Level, Lingkod Pinoy Center, Robinsons Place, Calindagan, Dumaguete City, Negros Oriental Monday – Saturday; 10 am to 7 pm	
Zamboanga City	Zamboanga City Medical Center, Evangelista St., Zamboanga City Yubenco Grand Mega Starmall, Putik, Zamboanga City KCC Mall de Zamboanga, Gov. Camins, Zamboanga City	

Surigao City	Gaisano Capital Surigao, Surigao City 2nd Floor Gaisano Capital Surigao Km. 4 Barangay Luna, Surigao City	
New Van Terminal, Butuan City	New Van Terminal, Butuan City	
Robinson's Place, Butuan City	3rd Floor Lingkod Pinoy, Butuan City	(085) 815-5961
Calinan, Davao City	Old Barangay Hall beside Police Station, Aurora-Quezon St., Calinan, Davao City	pro11.express.toril@gmail.com
Toril, Davao City	Urban Center B, Juan dela Cruz Street, Brgy. Daliao, Toril Dist., Davao City	pro11.express.toril@gmail.com
Panabo City	Panabo City Multi-Purpose Tourism Cultural and Sports Center, JP Laurel, Pan-Philippine Highway, Panabo City, Davao del Norte	pro11.express.panabo@gmail.com
Robinsons Place, Tagum City	4th Level Robinsons Place, National Highway, Tagum City, Davao del Norte	
Sulop, Davao del Sur	Sulop Public Market, Sulop, Davao del Sur	(082) 272-3705
Gensan	Robinsons Gensan Gaisano, Kidapawan City	
Cotabato City	ORC Complex, Cotabato City	
Candon City	Stern Real State Bldg., San Nicolas, Candon City, Ilocos Sur (beside CSI Mall)	(077) 632-1188 candon.pro1@philhealth.gov.ph

SATELLITE OFFICE		
San Carlos City	2/F New Public Market, San Carlos City, Pangasinan	(075) 203-0239; (075) 532-1111 sancarlos.pro1@philhealth.gov.ph
Mangatarem	2/F Magic Mall, Romulo Highway, Mangatarem, Pangasinan	(075) 523-0845 mangatarem.pro1@philhealth.gov.ph
Agoo	GSV Building, National Highway, San Agustin Norte, Agoo, La Union	(072) 682-0297 agoo.pro1@philhealth.gov.ph
Boracay	Sitio Bantud, Manoc-Manoc, Boracay, Malay, Aklan	(036) 506-3050 philhealthboracaycaticlan@gmail.com
Guimaras	GEMPC Building, Provincial Capitol Grounds San Miguel, Jordan, Guimaras	(033) 396-1116; (0917) 799-5300 pro06_guimaras@yahoo.com
Culasi	Hospital Site, Centro Poblacion Culasi, Antique	(036) 277-8543; (0999) 876-7027
Mandurriao	2nd Flr, Festive Walk Parade, Iloilo Business Park, Megaworld Blvd., Barangay San Rafael, Mandurriao, Iloilo City	(033) 315-4074
Pavia	3rd Floor, Robinsons Place Pavia, Iloilo	(033) 315-4075
Siquijor	Ground Floor, Multi-Purpose Center, Poblacion, Siquijor 6225 Siquijor	(035) 480-9844

Tacloban City	2nd Floor, Lingkod Pinoy Center, Robinsons Mall, Marasbaras, Tacloban City Sunday to Friday 10:00am-7:00pm	
Gaisano Central - Tacloban City	2nd Floor, Gaisano Central, Tacloban City Monday to Saturday 8:30am-5:30pm	
Gaisano – Sogod	Gaisano Sogod, Sogod, Southern Leyte Monday to Saturday 9:00 a.m.-7:00p.m.	
	LGU Office Compound, Sta. Elena, Camarines Norte (SATELLITE OR SERVICE DESK) LGU Compound, Nabua, Camarines Sur (SATELLITE OR SERVICE DESK)	
GLOBAL SATELLITE OFFICE		
Philippine Overseas Employment Administration (POEA)	G/F Blas Ople Building, Ortigas Avenue, EDSA Mandaluyong City	
BUSINESS CENTERS		
San Carlos City	2/F New San Carlos City Public Market, San Carlos City, Pangasinan	(075) 532-1111 sancarlos.pro1@philhealth.gov.ph
Mangatarem, Pangasinan	2/F Magic Mall, Mangatarem, Pangasinan	(075) 546-1111 mangatarem.pro1@philhealth.gov.ph
Agoo, La Union	2/F Hypermarket, San Nicolas Central, Agoo, La Union	launion.pro1@philhealth.gov.ph
Aparri Business Center	Hosana Bldg. MH del Pilar, Centro 5 Aparri, Cagayan	(0915) 2647573

Batanes Business Center	Block 2, Lot 17, Cantor Street Barangay Kayvaluganan Basco, Batanes	(0919) 9951024
Apayao Business Center	Apayao Business Center Poblacion, Luna, Apayao	(0915) 975-3365
Naval, Biliran	R.K. Bldg., Caneja cor Castin St. Naval, Biliran	(053) 500-9016 philhealthnaval@gmail.com
Calbayog, City	Nijaga Street, Barangay Central, Calbayog City	calbayog.pro8@philhealth.gov.ph (055) 533-9876
Baybay City	G/F Legislative Building, R. Magsaysay Street, Baybay City	(053) 563-7283 baybay.pro8@philhealth.gov.ph
Malaybalay	Old Provincial Hospital, Capitol Compound, Malaybalay, Bukidnon	
Maramag	Stall 2&4, Perimeter Bldg., Integrated Bus Terminal, Maramag, Bukidnon	
Province of Camiguin	Dychauco Arcade, Gen. B. Aranas Street Barangay Poblacion, Mambajao	387-0353
Tubod	LNPH Cmpd, Upper Sagadan, Baroy, Lanao del Norte	(063) 373-6267
Maranding, Lanao del Norte	NCMC Building, Purok Lemontree Maranding, Lala, Lanao del Norte	(063) 388-7012
Carmen	No. 105 G/F, Stary Building Max Suneil Street, Brgy. Carmen Cagayan de Oro City	

Oroquieta	Sobong Building, Barrientos Street Layawan, Oroquieta City	(088) 545-3843
Tangub	PhilHealth Business Center of Tangub Doña Maria D. Tan Memorial Hospital Pertig Street, Mantic, Tangub City	(088) 5450565
CHO Bayugan City	CHO Bayugan City (Every 2nd and 4th Tuesday)	(0922) 8031877
RHU Trento, Agusan del Sur	RHU Trento, Agusan del Sur (Every Wednesday)	(0908) 7675920
RHU Talacogon, Agusan del Sur	RHU Talacogon, Agusan del Sur (Every 1st & 3rd Tuesday)	(0918) 5893391
RHU Veruela, Agusan del Sur	RHU Veruela, Agusan del Sur (Every 1st Thursday of the month)	(0910) 5427366
RHU Sta. Josefa, Agusan del Sur	RHU Sta. Josefa, Agusan del Sur (Every 2nd Thursday of the month)	(0928) 6120147
RHU San Luis, Agusan del Sur	RHU San Luis, Agusan del Sur (Every 3rd Thursday of the month)	(0910) 0904028
RHU Sibagat, Agusan del Sur	RHU Sibagat, Agusan del Sur (Every 4th Thursday of the month)	(0949) 9961400
PHILHEALTH SERVICE DESK		

Zambales	LGU Sta. Cruz, Zambales LGU Subic, Zambales LGU San Antonio, Zambales Harbor Point Mall, Subic Bay Freeport Zone	
San Pedro, Laguna	3rd Floor Robinsons Galleria South Km. 31 National Highway, Brgy. Nueva, San Pedro, Laguna Office hours: 10am-6:00pm	
	LGU Office Compound, Sta. Elena, Camarines Norte (SATELLITE OR SERVICE DESK) LGU Compound, Nabua, Camarines Sur (SATELLITE OR SERVICE DESK)	
Guiuan Service Desk	Municipal Hall, Guiuan, Eastern Samar - Opens every Wednesday	
Hilongos Service Desk	Municipal Hall, Hilongos, Leyte Opens every Tuesday to Friday	(053)336-2254
Nasipit, Agusan del Norte	MSWD Office, Municipal Hall, Nasipit, Agusan del Norte	
Cabadbaran City, Agusan del Norte	Cabadbaran City Hall Lobby, Cabadbaran City, Agusan del Norte	
Surigao del Sur	Municipality of Hinatuan, Old Service Desk RHU Building, Aquino, Hinatuan, Surigao del Sur (Every Friday)	

Lingig, Surigao del Sur	Municipality of Lingig, Poblacion, Lingig, Surigao del Sur (Every Thursday)	
Tagbina, Surigao del Sur	Municipality of Tagbina, RHU Tagbina, Poblacion, Tagbina, Surigao del Sur (Every Wednesday)	
Claver, Surigao del Norte	LGU Claver, Surigao del Norte	
Province of Dinagat Islands	LGU San Jose, Province of Dinagat Islands	
Siargao Islands, Surigao del Norte	LGU Dapa, Siargao Islands, Surigao del Norte	
San Miguel, Surigao del Sur	RHU San Miguel, San Miguel, Surigao del Sur (Every Tuesday)	
Lianga, Surigao del Sur	Lianga District Hospital, Lianga, Surigao del Sur (Every Wednesday)	(0928) 3940190
Madrid, Surigao del Sur	Madrid District Hospital, Madrid, Surigao del Sur (Every 2nd and 3rd Thursday)	(0908) 8743038
Cantilan, Surigao del Sur	MSWD Office, Cantilan, Surigao del Sur (Every 3rd Friday)	(086) 212-5543
Carrascal, Surigao del Sur	Carrascal Diagnostic Bldg., Carrascal, Surigao del Sur (Every 2nd Friday)	(0930) 7612839