



Philippine Health Insurance Corporation

# **CITIZEN'S CHARTER HANDBOOK**

Volume 1 s. 2023

## **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.

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**EXTERNAL SERVICES**

**A. Local Health Insurance Offices  
(LHIOs)**

**I. MEMBERSHIP**

**1. ENROLLMENT OF MEMBERS with 5 and below PhilHealth Member Registration Forms (PMRFs)**

*Processing of membership transactions with 5 and below PMRFs for the issuance of Member Data Record (MDR) and PhilHealth Identification Card (PIC)*

<b>Office/Division:</b>	Local Health Insurance Offices	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All Filipinos and Foreign Nationals	
<b>Checklist of Requirements:</b>		<b>Where to Secure:</b>
<b>PhilHealth Forms:</b> PhilHealth Member Registration Form (PMRF)		Public Assistance and Complaint's Desk (PACD) PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Local Insurance Office (LHIO)
All Individual Members <i>(except for Kasambahay and Foreign National and Family Driver)</i> 1. Duly accomplished PhilHealth Member Registration Form (PMRF) duly signed by the Member (1 original copy)		
Employed (Private or Government), Migrant Worker (Sea-based), and Family Driver 1. Report of Employee-Member (ER-2) duly signed by the Head of the Agency/Authorized Representative (2 original copies)		
Kasambahay 1. Kasambahay Unified Registration Form (KURF) duly signed by the Member (1 original copy) 2. Household Employment Unified Report Form 2 (HEUR2) duly signed by the Household Employer (2 original copies)		
Foreign National 1. PMRF for Foreign Nationals (1 original copy)		
<b>Documentary Requirements:</b> <u>General Requirement for ALL Members</u> 1. Birth Certificate/Baptismal Certificate/Valid ID (1 photocopy) 2. Birth Certificate with registry number from LCR/PSA; Baptismal Certificate with registry number (1 original copy) In the absence of valid document/ID, 2.1. Notarized Affidavit of two (2) disinterested persons attesting to the date of birth (1 original copy)		Philippine Statistics Authority (PSA)/Local Civil Registrar (LCR)  Notary Public

<p><u>Employed Members (employee-client)</u></p> <p>1. Valid ID of the authorized signatory (photo and signature bearing) (1 photocopy)</p>	<p>Employer</p>
<p><u>Professional Practitioner, Self-Earning Individual (Sole Proprietor), Migrant Worker (Land-based) and Persons with Dual Citizenship</u></p> <p>1. Income Tax Return/Employment Contract/Financial Statement/Proof of Income (1 photocopy)</p> <p>If unable to present proof of income,</p> <p>1.1. Duly accomplished PMRF with monthly income indicated (1 original copy)</p> <p><u>Lifetime Member</u></p> <p>1. Retirement Certification/General Order/Special Order/ Retirement Voucher (1 photocopy)</p> <p><u>Foreign National (Philippine Retirement Authority Foreign Retiree)</u></p> <p>1. Special Resident Retiree’s Visa (SRRV) (1 photocopy)</p> <p><u>Foreign National (without Formal Contract as an employee)</u></p> <p>1. Alien Certificate of Registration I-Card (ACR I-Card) (1 photocopy)</p> <p><u>Listahanan and 4Ps/MCCT member</u></p> <p>1. Certificate of Active Membership with 4Ps ID (1 photocopy) If unable to present Certificate of Active Membership,</p> <p>1.1. City/Municipal Link Certification (1 original copy)</p>	<p>Bureau of Internal Revenue (BIR)/Employer/Agency</p> <p>PhilHealth LHIO/Website</p> <p>Previous Employer Government Service Insurance System (GSIS)/ Social Insurance System (SSS)/Armed Forces of the Philippines (AFP)/Philippine National Police (PNP)/Bureau of Jail Management and Penology (BJMP)/Bureau of Fire Protection (BFP)</p> <p>Philippine Retirement Authority</p> <p>Bureau of Immigration</p> <p>City/Municipal Links of Department of Social Welfare and Development (DSWD)</p>

<p><u>Senior Citizen</u></p> <ol style="list-style-type: none"> <li>1. Office of the Senior Citizens Affairs (OSCA) ID (1 photocopy)</li> <li>2. Valid government issued ID with date of birth If unable to present Senior Citizen ID,             <ol style="list-style-type: none"> <li>2.1. Birth Certificate (1 original copy)</li> </ol> </li> </ol> <p><u>Person with Disability (PWD)</u></p> <ol style="list-style-type: none"> <li>1. PWD Card (must be registered under the Department of Health’s Philippine Registry of PWD/DOH-PRPWD) (1 photocopy)</li> </ol> <p><u>Point-of-Service Financially Incapable (POS-FI) / Financially Incapable (FI)</u></p> <ol style="list-style-type: none"> <li>1. Certificate of Financially Incapable/Financial Assessment issued by Medical Social Worker or City/ Municipal Social Welfare Officer (1 original copy)</li> </ol> <p><u>Dependent Spouse</u></p> <ol style="list-style-type: none"> <li>1. Marriage Certificate/Contract with Registry Number (1 photocopy) If marriage took place abroad,             <ol style="list-style-type: none"> <li>1.1. Marriage Certificate “Received” by the Philippine Embassy/Consular Office exercising jurisdiction over the place of marriage (1 photocopy), or</li> <li>1.2. Marriage Contract duly issued by the PSA indicating that such marriage has been registered thereat (1 photocopy)</li> </ol> </li> <li>If a Muslim spouse,             <ol style="list-style-type: none"> <li>1.1. Affidavit of Marriage issued by the National Commission on Muslim Filipinos passed through Shari’a Court (MUST BE registered/authenticated in the PSA) (1 photocopy)</li> </ol> </li> </ol> <p><u>Dependent Children (Unmarried and unemployed, legitimate, illegitimate children below 21 years old)</u></p> <ol style="list-style-type: none"> <li>1. Birth Certificate/Baptismal Certificate with Registry Number (1 photocopy)</li> </ol>	<p>Office for the Senior Citizens’ Affairs (OSCA)</p> <p>Philippine Statistics Authority (PSA)</p> <p>Persons with Disability Affairs Office (PDAO) / City/Municipal Social Welfare Development Office (C/MSWDO) of Local Government Units (LGUs)</p> <p>Medical Social Worker of Hospitals /C/MSWDO of Local Government Units (LGUs)</p> <p>PSA/Local Civil Registry (LCR)</p> <p>Philippine Embassy/Consular Office in the country where the marriage took place/PSA</p> <p>PSA/LCR/Church of Baptism</p> <p>PSA/LCR/Church of baptism</p>
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<u>Dependent Children (Legally adopted children below 21 years old)</u> 1. Court Decree of Adoption (1 photocopy)		Trial Court where the adoption proceedings took place		
<u>Dependent Children (Stepchildren below 21 years old)</u> 1. Marriage Certificate with Registry Number between the biological parents and stepmother/stepfather (1 photocopy) 2. Birth Certificates with Registry Number of the stepchildren (1 photocopy)		PSA/LCR		
<u>Dependent Mentally or Physically Disabled Children who are 21 years old or above</u> 1. Birth Certificate with Registry Number (1 photocopy) 2. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)		PSA/LCR Attending Physician		
<u>Dependent Foster Children as defined in RA 10165 (Foster Care Act of 2012)</u> 1. Birth Certificate with Registry Number/Foundling Certificate/Child Profile (1 photocopy) 2. Foster Family Care License and Foster Placement Authority (FPA) (1 photocopy)		PSA/DSWD  FPA		
<u>Dependent Parents below 60 years old but with permanent disability (IRR Sec. 3 or RA 10606)</u> 1. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy) 2. Birth Certificate of Member (1 photocopy)		Attending physician  PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1. Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD

2. Submit duly accomplished PhilHealth forms and corresponding documentary requirements	2.2. Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.3. Verify records in the database  For Lifetime Members, 2.3.1 Print PhilHealth Certificate of Premium Payment (CPP)		32 minutes	
	2.4. Encode the data entries		10 minutes	
	2.5. Print the MDR and PIC		2 minutes	
3. Receive/Acknowledge receipt the MDR and PIC	3.1. Release MDR and PIC	None	1 minute	Frontline Officer
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 50 minutes*</b>	

\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number

## 2. ENROLLMENT OF MEMBERS with 6 and above PhilHealth Member Registration Forms (PMRFs)\*

*Processing of membership transactions with 6 and above PhilHealth Member Registration Forms (PMRFs) for the issuance of Member Data Record (MDR) and PhilHealth Identification Card (PIC)*

<b>Office/Division:</b>	Local Health Insurance Offices	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All Filipinos and Foreign Nationals	
<b>Checklist of Requirements:</b>	<b>Where to Secure:</b>	
<b>PhilHealth Forms:</b> PhilHealth Member Registration Form (PMRF)	Public Assistance and Complaint's Desk (PACD) PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Local Insurance Office (LHIO)	
For all Members 1. Duly accomplished PhilHealth Member Registration Form (PMRF) (1 original copy)		
For Employed (Private or Government) and Migrant Worker (Sea-based) Members 1. Report of Employee-Member (ER-2) duly signed by the Head of the Agency/Authorized Representative (2 original copies)		
<b>Documentary Requirements:</b> For ALL Members 1. Birth Certificate/Any valid Government-issued ID with DOB/Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 photocopy)	Philippine Statistics Authority (PSA)/Local Civil Registrar (LCR)/Government ID-issuing Agency/Notary Public	
Senior Citizen 1. Office of the Senior Citizens Affairs (OSCA) ID / Any valid Government-issued ID with Date of Birth/Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 photocopy)	Office of the Senior Citizen Affairs (OSCA)/Government ID-issuing Agency/Notary Public	
2. Transmittal List	OSCA of Local Government Units (LGUs)	
Financially Incapable (FI) 1. Certificate of Financial Assessment (1 original copy)	Medical Social Worker of Hospitals/City/Municipal Social Welfare Officer (MSWDO) of Local Government Units (LGUs)	
2. Transmittal List	LGUs	

<p>Group Enrolment Program (GEP)</p> <ol style="list-style-type: none"> <li>1. Letter of Intent/Memorandum of Agreement/Non-Disclosure Agreement (1 original copy)</li> <li>2. Certified List</li> </ol>	GEP Partner
<p>Dependent Spouse</p> <ol style="list-style-type: none"> <li>1. Marriage Certificate/Contract with Registry Number (1 photocopy)</li> </ol>	Philippine Statistics Authority (PSA)/Local Civil Registry (LCR)
<p>Dependent Spouse (for Marriage which took place abroad)</p> <ol style="list-style-type: none"> <li>1. Marriage Certificate stamped "Received" by the Philippine Embassy or Consular Office exercising jurisdiction over the place of marriage or copy of the Marriage Contract duly issued by the PSA indicating that such marriage has been registered thereat (1 photocopy)</li> </ol>	Philippine Embassy / Consular Office in the country where the marriage took place / PSA
<p>Dependent Muslim Spouse</p> <ol style="list-style-type: none"> <li>1. Affidavit of Marriage issued by the National Commission on Muslim Filipinos which passed through Shari'a Court and must be registered/authenticated in the PSA (1 photocopy)</li> </ol>	PSA
<p>Dependent Children (Unmarried and unemployed, legitimate, illegitimate children below 21 years old)</p> <ol style="list-style-type: none"> <li>1. Birth Certificate / Baptismal Certificate with Registry Number (1 photocopy) or,</li> <li>2. Notarized Affidavit of 2 disinterested persons attesting to the date of birth (1 original copy)</li> </ol>	PSA/LCR/Church where the baptism took place
<p>Dependent Children (Legally adopted children below 21 years old)</p> <ol style="list-style-type: none"> <li>1. Court Decree of Adoption (1 photocopy)</li> </ol>	Trial Court where the adoption proceedings took place
<p>Dependent Children (Stepchildren below 21 years old)</p> <ol style="list-style-type: none"> <li>1. Marriage Certificate with Registry Number between the biological parents and stepmother/stepfather (1 photocopy)</li> <li>2. Birth Certificates with Registry Number of the Stepchildren (1 photocopy)</li> </ol>	PSA/LCR PSA/LCR
<p>Dependent Mentally or Physically Disabled Children who are 21 years old or above</p> <ol style="list-style-type: none"> <li>1. Birth Certificate with Registry Number (1 photocopy)</li> <li>2. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)</li> </ol>	PSA/LCR Attending Physician

Dependent Foster Children as defined in RA 10165 (Foster Care Act of 2012) <ol style="list-style-type: none"> <li>1. Birth Certificate with Registry Number / Foundling Certificate / Child Profile (1 photocopy)</li> <li>2. Foster Family Care License and Foster Placement Authority (FPA) (1 photocopy)</li> </ol>		PSA / DSWD  FPA		
<u>Dependent Parents below 60 years old but with permanent disability (IRR Sec. 3 or RA 10606)</u> <ol style="list-style-type: none"> <li>1. Medical Certificate issued by the Attending Physician stating and describing the extent of disability as diagnosed in the past 6 months and when the disability was acquired (1 original copy)</li> <li>2. Birth Certificate of Member (1 photocopy)</li> </ol>		Attending Physician  PSA		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and corresponding documentary requirements	2.1 Receive forms and documentary requirements	None	5 minutes	Frontline Officer
	2.2 Cross match actual forms versus transmittal list		1 hour	
	2.3 Endorse forms and documentary requirements for backroom processing		10 minutes	
	2.4 Screen forms and documents as to completeness and accuracy		1 hour	Backroom Officer
	2.5 Encode the data entries		2 days	
	2.6 Print the MDR and PIC		2 hours	
	2.7 Endorse MDR and PIC for frontline releasing		10 minutes	

3. Validate the accuracy of encoded data in the MDR and PIC	3.1 Endorse for checking	None	30 minutes	Frontline Officer
4. Receive/Acknowledge receipt the MDR and PIC	4.1 Release MDR and PIC	None	4 minutes	Frontline Officer
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 6 hours**</b>	

*\*This process is qualified to multi-stage process*

*\*\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

### 3. ENROLLMENT/REGISTRATION OF EMPLOYERS

*Processing of employer registration in the private and government sectors.*

<b>Office/Division:</b>	Local Health Insurance Offices	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government; G2B - Government to Business; G2C – Government to Citizen	
<b>Who may avail:</b>	All Private Employers and Government Agencies	
<b>Checklist of Requirements:</b>	<b>Where to Secure:</b>	
<b>PhilHealth Forms:</b>	Public Assistance and Complaint's Desk (PACD) PhilHealth Website ( <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> ) or in any PhilHealth Local Insurance Office (LHIO)	
All Private Employers and Government Agencies 1. Duly accomplished Employer Data Record (ER1) (1 original copy)		
Kasambahay Employer 1. Duly accomplished Household Employer Unified Registration Form (HEUR1) (1 original copy)		
<b>Documentary Requirements:</b>		
<b>General Requirements:</b>		
1. Bureau of Internal Revenue (BIR) Form No. 2303 (Tax Registration) (1 photocopy)	BIR	
2. Valid ID of authorized signatory (1 photocopy)	Government ID-issuing Agency	
For Single Proprietorship 1. Department of Trade and Industry (DTI) Registration (1 photocopy)	DTI	
For Partnerships, Corporations, Foundations, and Other Non-Profit Organizations 1. Securities and Exchange Commission (SEC) Registration (1 photocopy)	SEC	
For Cooperatives 1. Cooperative Development Authority (CDA) Registration (1 photocopy)	CDA	
For Backyard Industries/Ventures and Micro-Business Enterprises 1. Barangay Certification and/or Mayor's Permit (1 photocopy)	Barangay/Municipal/City Hall	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1. Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and corresponding documentary requirements	2.1 Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.2 Verify records in the database		2 minutes	
	2.3 Encode the data entries		10 minutes	
	2.4 Print the Employer Data Record (EDR) and Certificate of Registration (COR)		2 minutes	
3. Acknowledge receipt of processed documents	3.1 Release EDR and COR	None	1 minute	Frontline Officer
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 20 minutes*</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

## 6. UPDATING/AMENDMENT OF EMPLOYER DATA

*Editing of employer data in the private and government sectors.*

<b>Office/Division:</b>	Local Health Insurance Offices	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government; G2B - Government to Business; G2C – Government to Citizen	
<b>Who may avail:</b>	All Private Employers and Government Agencies	
<b>Checklist of Requirements:</b>	<b>Where to Secure:</b>	
<b>PhilHealth Forms:</b>	Public Assistance and Complaint’s Desk (PACD) PhilHealth Website ( <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> ) or in any PhilHealth Local Insurance Office (LHIO)	
All Private Employers and Government Agencies 1. Duly accomplished Employer Data Amendment Form (ER3) (1 original copy)		
<b>Documentary Requirements:</b>		
<b>General Requirements:</b>		
1. Valid ID of authorized signatory (1 photocopy)	Government ID-issuing Agency	
<i>For Correction/Change of Business Name/Legal Personality</i>		
1. Certificate of Filing of Business Name with the Department of Trade and Industry (DTI) or Articles of Partnership/Incorporation (1 photocopy)	DTI or Securities and Exchange Commission (SEC)	
<i>For Temporary Suspension of Operation due to:</i>		
<b>Bankruptcy</b>		
1. Financial Statement or Income Tax Return (ITR) for the year showing non-operation/no earnings or Board Resolution (1 photocopy)	Employer or BIR	
<b>Separation of Employee/s</b>		
1. Report on the Separation of the Last Employee/s (1 photocopy)	Employer	
<b>Fire/Demolition/Flood/Earthquake/ Declared Calamities/Such Other Analogous Circumstances</b>		
1. Certification from the Fire Department of the City/ Municipality or Certification from the concerned City/Municipality (1 photocopy)	Bureau of Fire (BOF) or Municipal/City Hall	
<b>Strike</b>		
1. Notice of Strike duly licensed by Department of Labor and Employment (DOLE) (1 photocopy)	DOLE	

<i>For Termination/Dissolution for:</i>	
<b>Single Proprietorship</b> <ol style="list-style-type: none"> <li>1. Approved Application for Business Retirement by the City/Municipal Treasurer's Office (C/MTO) (1 photocopy)</li> <li>2. Certification of Non-Operational of Business from the C/MTO / BIR (1 photocopy)</li> </ol>	C/MTO C/MTO / BIR
<b>Partnership or Corporation</b> <ol style="list-style-type: none"> <li>1. Deed of Dissolution approved by the SEC or Certification of Non-Operational of Business from SEC/BIR or Minutes of Meeting certified by the Corporate Secretary (1 photocopy)</li> </ol>	SEC/BIR/Employer
<b>Cooperatives</b> <ol style="list-style-type: none"> <li>1. Certificate/Order of Dissolution/Cancellation issued by the Cooperative Development Authority (CDA) or Minutes of the Meeting duly certified by the Secretary or Certification of Non-Operational of Business from CDA/BIR (1 photocopy)</li> </ol>	CDA/BIR/Employer
<b>Death of Owner</b> <ol style="list-style-type: none"> <li>1. Death Certificate (1 photocopy)</li> </ol>	Philippine Statistics Authority (PSA)/Local Civil Registry (LCR)
<b>For Merger/Consolidation</b> <ol style="list-style-type: none"> <li>1. Deed of Merger/Merger Agreement duly certified by SEC (1 photocopy)</li> <li>2. Memorandum of Agreement (MOA) filed with SEC (1 photocopy)</li> </ol>	SEC SEC
<i>For Change of Ownership due to:</i>	
<b>Sale</b> <ol style="list-style-type: none"> <li>1. Deed of Sale/Transfer/Assignment signed by both Parties or Certification from the Registry of Deeds (RD) (1 photocopy)</li> </ol>	Employer/RD
<b>Death of Managing Owner (Family Business)</b> <ol style="list-style-type: none"> <li>1. Death Certificate of the Managing Owner and Waiver from the other legal heirs (1 photocopy)</li> </ol>	PSA/LCR/Concerned Party
<b>For Resumption of Operations</b> <ol style="list-style-type: none"> <li>1. Notice of Resumption of Operation from the Employer (1 photocopy)</li> <li>2. List of Employees (1 original copy)</li> </ol>	Employer Employer

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number and wait for the number to be called.	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called.	None	1 hour and 1 minute	PACD
2. Submit duly accomplished PhilHealth forms and corresponding documentary requirements	2.1 Receive and screen forms and documentary requirements	None	4 minutes	Frontline Officer
	2.2 Verify records in the database		2 minutes	
	2.3 Encode the data entries		10 minutes	
	2.4 Print the Employer Data Record (EDR) and Certificate of Registration (COR)		2 minutes	
3. Acknowledge receipt of processed documents	1.1 Release EDR and COR	None	1 minute	Frontline Officer
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 20 minutes*</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

## 8. KONSULTA REGISTRATION

*Registration of PhilHealth members to Accredited Konsulta Provider*

<b>Office/Division</b>	Local Health Insurance Offices (LHIO)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C - Government to Citizen; G2B - Government to Business, G2G - Government to Government			
<b>Who may avail:</b>	All members			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b> PhilHealth Konsulta Registration Form (PKRF) (1 original copy)			Konsulta Accredited Facility PhilHealth LHIO	
<b>Documentary Requirements</b> None				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called		1 hour*	Public Assistance and Complaint Desk (PACD) Officer
2. Submit duly accomplished PKRF	1.1 Received and screen properly accomplished PKRF.	None	2 minutes	Frontline Officer
	1.2 Encode in Updated Primary Care Module (UPCM) /Customer Service Management System (CSMS)		3 minutes	
2. Receive Konsulta Registration Confirmation Receipt	2.1 Issue Konsulta Registration Confirmation Receipt			
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 7 minutes</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

## **A. Local Health Insurance Offices (LHIOs)**

## **II. CLAIMS PROCESSING SERVICES**

### 1. CHECK RELEASING TO HEALTH CARE INSTITUTIONS

*Releasing of Benefit Payment Check/s to Health Care Institutions (HCIs)*

<b>Office/Division</b>	Local Health Insurance Offices (LHIOs)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business			
<b>Who may avail:</b>	All Health Care Institutions (HCIs) NOT enrolled in the Auto-Credit Payment Scheme (ACPS)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>PhilHealth Forms</b> None				
<b>Documentary Requirements</b> 1. Valid ID* of the HCI-Authorized Check Claimant (1 photocopy)  If thru a representative, 1.1. Valid ID with signature of the authorized representative (1 photocopy) 1.2. Authorization letter signed by the HCI-Authorized Check Claimant (1 original copy) 1.3. Valid ID of the HCI-Authorized Check Claimant (1 photocopy)  2. Official Receipt/s		Any Government Agency issuing valid ID  Authorized Representative  HCI-Authorized Check-Claimant  HCI-Authorized Check-Claimant  HCI		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour and 1 minute**	Public Assistance and Complaint Desk (PACD) Officer

2. Present valid ID/s and/or authorization letter once number is called at the Check Releasing	2.1 Validate ID/s and/or authorization letter presented		2 minutes	Disbursing Officer
3. Acknowledge receipt of Check/s by affixing signature in the logbook	3.1 Release the Check/s to the client		4 minutes	
4. Issue Official Receipt	4.1 Receive the Official Receipt/s and file		1 minute	
<b>TOTAL</b>		<b>None</b>	<b>1 hour and 8 minutes**</b>	

*\*Valid IDs refers to any government issued with signature and photo-bearing IDs.*

*\*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

*\*\*\*The time indicated corresponds to the time required to process one (1) check.*

## 2. CHECK RELEASING TO MEMBERS

*Releasing of Benefit Payment Check/s to Members for those who were NOT able to avail of automatic deduction*

<b>Office/Division</b>	Local Health Insurance Offices (LHIOs)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C - Government to Citizen			
<b>Who may avail:</b>	All members who were NOT able to avail of automatic deduction			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b> None				
<b>Documentary Requirements</b> 1. Valid ID* of the Member (1 photocopy)  If thru a representative, 1.1. Valid ID with signature of the authorized representative (1 photocopy) 1.2. Authorization letter signed by the Member (1 original copy) 1.3. Valid ID of the Member (1 photocopy)			Any Government Agency issuing valid ID  Authorized Representative  Member Member	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour and 1 minute**	Public Assistance and Complaint Desk (PACD) Officer

2. Present valid ID/s and/or authorization letter once number is called at the Check Releasing	2.1 Validate ID/s and/or authorization letter presented		2 minutes	Disbursing Officer
3. Acknowledge receipt of Check/s by affixing signature in the logbook	3.1 Release the Check/s to the client		2 minutes	
<b>TOTAL</b>		<b>None</b>	<b>1 hour and 5 minutes**</b>	

*\*Valid IDs refers to any government issued with signature and photo-bearing IDs.*

*\*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

### 3. RECEIVING OF DIRECTLY-FILED CLAIMS\*

*Receiving of Directly-Filed Claim/s by the Member or their Representative*

<b>Office/Division</b>	Local Health Insurance Offices (LHIOs)	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2C - Government to Citizen	
<b>Who may avail:</b>	All PhilHealth Members who were NOT able to avail of the automatic deduction	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>Documentary Requirements</b>		
1. Properly filled-out Acknowledgement Receipt Form (1 original copy)	Public Assistance and Complaint Desk	
2. Properly filled-out PhilHealth Claim Form 1, 2, 3, & 4 and Claims Signature Form (CF1, CF2, CF3, CF4, CSF), as applicable (1 original copy)	PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Local Health Insurance Office (LHIO)	
3. Hospital and Doctor's Waiver (1 original copy) and	Health Care Institute (HCI)	
4. Official Receipt/s showing full payment (1 original copy)	HCI	
5. Official Receipts or Authenticated Photocopies** of the same by PhilHealth staff (original copies seen) for medicines bought outside the hospital or laboratory tests performed outside the hospital during confinement (1 original copy)	HCI, Pharmacy HCI	
6. Anesthesia, Surgical or Operative Record, as applicable (1 photocopy)	HCI	
7. Hospital Statement of Account (SOA) duly signed by the hospital clerk or representative of the patient (1 photocopy)	HCI	
8. For facilities with portal, Properly filled-out PhilHealth Benefit Eligibility Form (PBEF) (1 original copy)		
9. For confinements abroad, Medical Certificate or Clinical Abstract indicating final diagnosis of patient, confinement period and services rendered written legibly and translated in English (1 photocopy)	HCI Abroad	
10. Member's Valid ID (1 photocopy)	Member	
11. For newborn and mother claim, Certified True Copy of Birth Certificate of Newborn (CTC'ed by the Health Care Facility) (1 original copy)	Member	

If thru a representative, 1.1. Valid ID with signature of the authorized representative (1 photocopy) 1.2. Authorization letter signed by the Member (1 original copy) 1.3. Valid ID of the Member (1 photocopy)		Authorized Representative Member Member		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 hour ***	PACD Officer
2. Submit duly accomplished acknowledgement receipt form and PhilHealth Claims form with supporting documents	2.1. Receive and screen claims documents as to completeness of documentary requirements (non-medical) If documents have deficiency/ies, 2.1.1 Return the same and advise the client accordingly If documents are complete; 2.1.2 Stamp "received" in the acknowledgement receipt form and give the client a receiving copy		6 minutes	Frontline Officer/Claims Receiving Officer Designate
	3. Receive acknowledgement receipt or claim with deficiency		3.1 Log the Claims received in the logbook and let the member or representative signed for acknowledgement	1 minute
3.2 Advise client to receive Benefit Payment Notice (BPN) within 60 days			1 minute	
	<b>TOTAL</b>		<b>None</b>	<b>1 hour and 10 minutes</b>

\*Receiving of Directly-Filed Claims is qualified for multi-stage processing.

\*\*Authenticated photocopies are allowed in cases where original Official Receipts (ORs) are required by HMOs; or any legal purpose it may serve by and submitted.

\*\*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.	1.1. Receive application and other documentary requirements and payment slip.	None	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2. Screen application and other documentary requirements as to completeness of requirements		5 minutes	
	1.3. Write down the HCI data in the receiving logbook		2 minutes	
2. If the application is not complete, 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.	<p>If the application is not complete,</p> <p>2.1. 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.</p> <p>If complete,</p> <p>2.2. Stamp complete the file copy and the receiving copy (PDR and the 1<sup>st</sup> page of the other requirements).</p>		10 minutes	
3. Receive stamped complete of all the requirements.	3.1. Release the receiving copy of the PDR and other requirements to the HProf/representative	None	2 minutes	
<b>Total</b>		<b>None</b>	<b>1 hour and 24 minutes</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

## **A. Local Health Insurance Offices (LHIOs)**

### **III. ACCREDITATION PROCESSES**

## 1. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTH FACILITIES (HFs)

Receiving of application for accreditation filed by Health Facilities (HFs) in the Philippines.

<b>Office/Division</b>	Local Health Insurance Offices	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All HFs applying for Initial Accreditation	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>PhilHealth Forms:</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC) (1 original copy)</li> <li>3. Payment Slip or Order of Payment (1 original copy)</li> <li>4. Statement of Intent (SOI), (1 original copy) if applicable</li> </ol>		Public Assistance and Complaint’s Desk (PACD), PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)
<b>General Requirements</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF’s letterhead, and signed at each page (1 original copy)</li> <li>3. <i>Applicable if the Initial Application is submitted on the 4th Quarter of the current Calendar Year:</i> Statement of Intent (SOI), indicating whether Option 1 (start of accreditation validity is on the current year) or Option 2 (start of the accreditation validity is on January 1 of the next year) is preferred (1 original copy)</li> <li>4. Location Map (visual illustration of location/address) ((1 original copy/soft copy thru flashdrive)</li> </ol>		PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO  PACD, PhilHealth website, or PhilHealth LHIO/ PRO  Facility

<b>Specific Requirements in Addition to the General Requirements:</b>	
<p><b>II. Hospitals (Level 3, 2, or 1), Infirmaries, Ambulatory Surgical Clinics (ASCs) &amp; Freestanding Dialysis Clinics (FDCs)</b></p>	
<p>1. Updated DOH License-to-Operate (LTO) (1 original copy)</p>	DOH
<p>2. Official Receipt for Payment of Accreditation Fee</p> <p>2.1. L3 – P10,000.00</p> <p>2.2. L2 – P8,000.00</p> <p>2.3. L1 – P5,000.00</p> <p>2.4. Infirmary – P3,000.00</p> <p>2.5. ASC – P5,000.00</p> <p>2.6. FDC – P5,000.00</p>	PhilHealth Cashier, upon payment
<p>3. <i>Applicable for Hospitals &amp; Infirmaries only:</i> Certificate of Good Standing (CGS) from the Philippine Hospital Association (1 original copy)</p>	PHA
<p>4. Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and/or other contracts entered into by the hospital/infirmary with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.), for outsourced services. (1 original copy)</p>	Facility
<p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</p>	Facility
<p>6. <i>Applicable for L1 Hospitals, Infirmaries, ASCs, &amp; FDCs only:</i> Licenses-to-Operate (LTOs), Clearance to Operate, Certificate, or other proof of operation issued by the DOH or other pertinent government agencies if applicable, covering a period of three (3) years as proof of three (3) years of operation, (1 original copy)</p>	DOH or other pertinent government agencies
<p><b>OR any of the following:</b></p>	

<p>6.1. Proof that the managing health care professional (namely Medical Director, Administrator, or the Chief of Hospital) has at least three (3) years of working experience in a similar, analogous or at least the same level of facility it is applying for accreditation. (1 original copy)</p> <p>NOTE: If the managing health care professional leaves the accredited HF within the initial year of accreditation, the accreditation shall be withdrawn effective on the date of vacancy.</p> <p>6.1.1. For Government HFs: Service Record of the managing health care professional (1 original copy)</p> <p>6.1.2. For Private HFs (1 original copy):</p> <p>6.1.2.1. If corporation, Certification from the Board, or</p> <p>6.1.2.2. If single-proprietorship, Certification from the facility owner.</p>	<p>Facility</p>
<p>6.2. Certificate of completion of a Master’s degree in Hospital Administration (MHA) or other related degrees of the managing health care professional (1 original copy);</p>	<p>Managing Health Care Professional</p>
<p>6.3. Certification from the Local Chief Executive (LCE) attesting that the accredited HF cannot adequately or fully service its population, <b>OR</b> Certification from the PRO attesting that the service capability is not currently available in the LGU (1 original copy);</p>	<p>LGU <b>OR</b> PRO</p>
<p>6.4. Proof that the HF is an extension or branch of a HF that has been accredited for at least two (2) years:</p> <p>6.4.1. Proof of two (2) years accreditation of the main HF branch (1 original copy), or</p> <p>6.4.2. <b>Any</b> of the following proofs of ownership or acquisition of the extension or branch such as, but not limited to (1 original copy):</p> <p>6.4.2.1. Board Resolution;</p>	<p>Facility</p> <p>Facility</p>

<p>6.4.2.2. Secretary’s Certificate;</p> <p>6.4.2.3. For corporations, Securities and Exchange Commission (SEC) Registration;</p> <p>6.4.2.4. For cooperatives, Cooperative Development Authority (CDA); or</p> <p>6.4.2.5. For private HFs, Certificate from Department of Trade and Industry (DTI).</p> <p><b>7. PhilHealth-Accredited Medical Director/Chief of Clinic/Hospital OR Application for PhilHealth accreditation of the managing health care professional if not yet accredited (1 original copy)</b></p> <p><b>8. <i>Applicable for Hospitals, Infirmaries &amp; MCPs intending to provide COVID-19 Home Isolation Benefit Package (CHIBP): Letter of Intent to provide CHIBP (1 original copy)</i></b></p>	<p>Facility</p> <p>Facility</p> <p>SEC</p> <p>CDA</p> <p>DTI</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility</p>
<p><b>II. Maternity Care Package Provider (MCPs)</b></p> <p>1. Valid and updated DOH License-to-Operate (LTO) as a Birthing Home (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee: P1,500</p> <p>3. Updated Certificate as Newborn Screening Facility (1 photocopy)</p> <p>4. Updated Certificate as Newborn Hearing Screening Facility <b>OR</b> Memorandum of Agreement (MOA) with a certified facility (1 photocopy)</p> <p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</p> <p>6. PhilHealth-Accredited Clinic Head/ Facility Head/ Service Provider <b>OR</b> Application for PhilHealth accreditation of the Clinic Head/ Facility Head/ Service Provider if not yet accredited (1 original copy)</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>DOH</p> <p>DOH or Facility</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>

<p>7. <i>Applicable if MCP intends to provide CHIBP: Letter of Intent to provide CHIBP. (1 original copy)</i></p> <p><b>NOTE:</b> HF shall undergo Pre-Accreditation Survey (PAS).</p>	<p>Facility</p>
<p><b>III. Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers</b></p> <p>1. Updated DOH-PhilCat Certificate (1 original copy), if available. <b>NOTE:</b> Non-PhilCat certified HFs shall undergo Pre-Accreditation Survey (PAS)</p> <p>2. Official Receipt for Payment of Accreditation Fee: P1,000</p> <p>3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</p> <p>4. PhilHealth-Accredited Clinic Physician <b>OR</b> Application for PhilHealth accreditation of the Clinic Physician if not yet accredited (1 original copy)</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>IV. Animal Bite Benefit Package Providers (ABPPs)</b></p> <p>1. DOH Certificate of Recognition as an Animal Bite Treatment Center or Animal Bite Center (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee: P1,000</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>
<p><b>V. Stand-alone Outpatient HIV/AIDS Treatment (OHAT) Package Providers</b></p> <p>1. Certification from DOH as an HIV/AIDS Treatment Hub, Satellite Treatment Hub, or Primary Care Facility (1 original copy), <b>OR</b> Latest DOH Department Memorandum on the list of recognized facilities (1 photocopy)</p>	<p>DOH</p>

<ol style="list-style-type: none"> <li>2. Official Receipt for Payment of Accreditation Fee: P1,000</li> <li>3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</li> <li>4. PhilHealth-Accredited Clinic Physician <b>OR</b> Application for PhilHealth accreditation of the Clinic Physician if not yet accredited (1 original copy)</li> </ol>	<p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>VI. Free-standing Family Planning (FP) Clinics</b></p> <ol style="list-style-type: none"> <li>1. Valid DOH Certificate of Compliance as Free-standing Family Planning (FP) Clinics (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee: P1,500</li> <li>3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive, completely labeled with name of the HF and date taken</li> <li>4. Proof of proficiency on FP and/or Training Certificates of service provider 1 original copy), as applicable:             <ol style="list-style-type: none"> <li>4.1. Physician:                 <ol style="list-style-type: none"> <li>4.1.1. Training on Non-Scalpel Vasectomy</li> <li>4.1.2. Training on Subdermal Implant Insertion and Removal</li> </ol> </li> <li>4.2. Midwives:                 <ol style="list-style-type: none"> <li>4.2.1. Family Planning Competency-Based Training Level 2 (FPCBT2)</li> <li>4.2.2. Training on Subdermal Implant Insertion and Removal</li> </ol> </li> <li>4.3. Nurses                 <ol style="list-style-type: none"> <li>4.3.1. Family Planning Competency-Based Training Level 2 (FPCBT2)</li> </ol> </li> </ol> </li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Service Provider</p>

<p>4.3.2. Training on Subdermal Implant Insertion and Removal</p> <p>5. PhilHealth-Accredited Clinic Service Provider <b>OR</b> Application for PhilHealth accreditation of the Service Provider if not yet accredited (1 original copy)</p>	<p>Facility OR PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>VII. Outpatient Malaria Package (OMP) Providers</b></p> <p>1. DOH Certificate of an employed personnel with a Microscopist’s Training in the Diagnosis of Malaria (1 original copy)</p>	<p>DOH</p>
<p><b>VIII. Free-standing or Government DOH-licensed or DOH-certified Drug Abuse Treatment and Rehabilitation Centers (DATRCs)</b></p> <p>1. Updated DOH License/ Certification as a DARTC (1 original copy)</p> <p>2. Signed Memorandum of Agreement (MOA) with referral hospital for mandatory and diagnostic services and management of co-morbidities (1 original copy)</p>	<p>DOH</p> <p>Facility</p>
<p><b>IX. Konsulta Package Providers (KPPs)</b></p> <p><b>A. Licensed KPPs</b></p> <p>1. Updated DOH License-to-Operate as a Primary Care Facility (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee of P2,000.00</p> <p>3. <i>Applicable if licensed KPP is with Memorandum of Understanding (MOU) with partner service providers:</i>  Certification of Service Delivery Support (SDS) for the following referred services and applicable DOH/FDA licenses (1 original copy):</p> <p>3.1. Laboratory (Secondary Level) &amp; Diagnostic Services/ X-ray (Level 1)</p> <p>3.2. Pharmacy/ Drug outlet</p>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>DOH/FDA</p> <p>Partner Laboratory and diagnostic service</p> <p>Partner pharmacy/drug outlet</p>

<p><b>B. Non-licensed Stand-alone KPPs</b></p> <ol style="list-style-type: none"> <li>1. <i>Applicable for Private KPPs:</i> Certified True Copy of Business/ Mayor’s Permit or Updated Professional Tax Receipt (to follow if not yet available upon application) (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee of P2,000.00</li> <li>3. Certification of Service Delivery Support (SDS) for the following referred services and applicable DOH/FDA licenses (1 original copy):             <ol style="list-style-type: none"> <li>3.3. Laboratory (Secondary Level) &amp; Diagnostic Services/ X-ray (Level 1)</li> <li>3.4. Pharmacy/ Drug outlet</li> </ol> </li> <li>4. Fully-accomplished Self-Assessment Tool (SAT) (1 original copy)</li> <li>5. Non-disclosure agreement (NDA) signed by staff in the facility handling patients’ data (1 original copy)</li> </ol> <p><b>NOTE:</b> Non-licensed HFs shall undergo Pre-Accreditation Survey (PAS).</p>	<p>LGU</p> <p>PhilHealth Cashier, upon payment</p> <p>DOH/FDA</p> <p>Partner Laboratory and diagnostic service</p> <p>Partner pharmacy/drug outlet</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>X. Community Isolation Units (CIUs)</b></p> <ol style="list-style-type: none"> <li>1. DOH Certification or inclusion in the list of DOH certified CIUs from Center for Health Development (CHD) (1 original copy)</li> </ol>	<p>DOH CHD</p>
<p><b>XI. SARS-CoV-2 Testing Lab using RT-PCR</b></p> <p><b>A. Currently PhilHealth-accredited facilities</b></p> <ol style="list-style-type: none"> <li>1.1. DOH license as SARS-CoV-2 Testing Laboratory</li> </ol> <p><b>B. Stand-alone testing laboratories</b></p> <ol style="list-style-type: none"> <li>1. DOH license as SARS-CoV-2 Testing Laboratory <b>OR</b> inclusion in the list of DOH certified/licensed SARS-CoV-2 or laboratory</li> </ol>	<p>DOH</p> <p>DOH</p>

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.	1.1 Receive application and other documentary requirements and payment slip.	None	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2 Screen application and other documentary requirements as to completeness of requirements		5 minutes	
	1.3 Write down the HCI data in the receiving logbook		2 minutes	
2. If the application is not complete, 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	If the application is not complete, 2.1 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 If complete, 2.2 Stamp complete the file copy and the receiving copy (PDR and the 1 <sup>st</sup> page of the other requirements) 2.2.1. Provide corresponding amount for accreditation fee 2.2.2. Direct client to the cashier for payment		15 minutes	
	3. Proceed to Cashier for payment	3.1 Receive payment	5 minutes	Collecting Officer
4. Provide copy of proof of payment to the counter	4.1 Release the receiving copy of the PDR and other requirements to the HCI representative		2 minutes	Frontline Officer

<b>TOTAL</b>		<b>None</b>	<b>1 hour and 30 minutes</b>	
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*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

## 2. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTH FACILITIES (HF<sub>s</sub>)

*Receiving of application for accreditation filed by Health Facilities (HF<sub>s</sub>) in the Philippines.*

<b>Office/Division</b>	Local Health Insurance Offices	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All HF <sub>s</sub> applying for Re-Accreditation	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>PhilHealth Forms:</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC) (1 original copy)</li> <li>3. Payment Slip or Order of Payment (1 original copy)</li> <li>4. Statement of Intent (SOI) (1 original copy), if applicable</li> </ol>		Public Assistance and Complaint's Desk (PACD), PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)
<b>General Requirements</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF's letterhead, and signed at each page (1 original copy)</li> <li>3. <i>Applicable if the Initial Application is submitted on the 4th Quarter of the current Calendar Year:</i> Statement of Intent (SOI), indicating whether Option 1 (start of accreditation validity is on the current year) or Option 2 (start of the accreditation validity is on January 1 of the next year) is preferred (1 original copy)</li> </ol>		PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO  PACD, PhilHealth website, or PhilHealth LHIO/ PRO
<b>Specific Requirements in Addition to the General Requirements, per Type of Re-accreditation Application:</b> <ol style="list-style-type: none"> <li>A. RE-ACCREDITATION DUE TO (1) LAPSE IN ACCREDITATION, SUBSEQUENT APPLICATION WAS DENIED, (2) FAILURE TO SUBMIT APPLICATION WITHIN THE PRESCRIBED PERIOD, (3) CONTINUOUS ACCREDITATION WAS WITHDRAWN, (4) RESUMPTION OF OPERATION AFTER CLOSURE OR</li> </ol>		

<b>CESSATION OF OPERATION, (5) UPGRADING OF FACILITY LEVEL OR CATEGORY, OR (6) TRANSFER OF LOCATION</b>	
<p><b>NOTE:</b> If the re-accreditation application is due to <b>(6) TRANSFER OF LOCATION</b>, this shall be submitted within ninety (90) calendar days from actual transfer of location.</p>	
<p><b>I. Hospitals (L1, L2 or L3) &amp; Infirmaries</b></p>	
<p>1. Updated DOH License-to-Operate (LTO) as a Hospital (Level 3, 2, or 1 or an Infirmary) (1 original copy)</p>	DOH
<p>2. Official Receipt for Payment of Accreditation Fee</p> <p>2.1. Level 3 – P10,000.00</p> <p>2.2. Level 2 – P8,000.00</p> <p>2.3. Level 1 – P5,000.00</p> <p>2.4. Infirmary – P3,000.00</p>	PhilHealth Cashier, upon payment
<p>3. Certificate of Good Standing (CGS) from the Philippine Hospital Association (PHA) (1 original copy)</p>	PHA
<p>4. Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and/or other contracts entered into by the hospital/infirmary with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.), for outsourced services. (1 original copy)</p>	Facility
<p>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</p>	Facility
<p>6. PhilHealth-Accredited Medical Director/ Chief of Hospital, OR Application for PhilHealth Accreditation of the Medical Director/ Chief of Hospital if not yet accredited (1 original copy)</p>	Facility OR PACD, PhilHealth Website, or PhilHealth LHIO/PRO
<p>7. Applicable only if re-accreditation is due to (6) TRANSFER OF LOCATION: Updated Location Map (1 original copy/soft copy thru flashdrive)</p>	Facility

<p><b>II. Ambulatory Surgical Clinics (ASCs) &amp; Freestanding Dialysis Clinics (FDCs)</b></p> <ol style="list-style-type: none"> <li>3. Updated DOH License-to-Operate as an ASC or an FDC (1 original copy)</li> <li>4. Official Receipt for Payment of Accreditation Fee             <ol style="list-style-type: none"> <li>2.1. ASC- P5,000.00</li> <li>2.2. FDC- P5,000.00</li> </ol> </li> <li>5. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</li> <li>6. PhilHealth-Accredited Medical Director/ Chief of Hospital, OR Application for PhilHealth Accreditation of the Medical Director/ Chief of Hospital if not yet accredited (1 original copy)</li> <li>7. Applicable only if re-accreditation is due to (6) TRANSFER OF LOCATION: Updated Location Map</li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>Facility OR PACD, PhilHealth Website, or PhilHealth LHIO/PRO</p> <p>Facility</p>
<p><b>III. Konsulta Package Providers (KPPs), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Provider (ABPPs), Standalone Outpatient HIV-AIDS Treatment Package Providers (OHAT), Freestanding Family Planning (FPs) Clinics, Community Isolation Units (CIUs), SARS-CoV2 Testing Laboratory (COVID LABs), Outpatient Malaria Package Providers (OMP) &amp; Drug Abuse Treatment and Rehabilitation Center (DATRC)</b></p> <ol style="list-style-type: none"> <li>1. Updated DO LTO/PhilCAT Certification (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee             <ol style="list-style-type: none"> <li>2.1. KPP- P2,000.00</li> <li>2.2. MCP- P1,500.00</li> <li>2.3. TB DOTS- P1,000.00</li> <li>2.4. ABPP- P1,000.00</li> <li>2.5. OHAT- P1,000.00</li> <li>2.6. FP- P1,500.00</li> </ol> </li> </ol>	<p>DOH</p> <p>PhilHealth Cahier, upon payment</p>

<p>2.7. CIU- N/A 2.8. COVID LAB- N/A 2.9. OMP- N/A 2.10. DATRC- N/A</p> <p>3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</p> <p>4. Applicable for KPPs, MCPs, &amp; TB DOTS only: PhilHealth-Accredited Managing Health Care Provider, OR Application for PhilHealth Accreditation of the Managing Health Care Provider if not yet accredited (1 original copy)</p> <p>5. Applicable only if re-accreditation is due to (6) TRANSFER OF LOCATION: Updated Location Map (1 original copy/soft copy thru flashdrive)</p>	<p>Facility</p> <p>Facility OR PAC, PhilHealth Website, or PhilHealth LHIO/PRO</p> <p>Facility</p>
<p><b>B. RE-ACCREDITATION DUE TO (1) ACQUISITION OF ADDITIONAL SERVICE CAPABILITY, OR (2) CHANGE IN CLASSIFICATION OF HEALTH FACILITY</b></p> <p><b>I. Hospitals (L1, L2 or L3), Infirmaries, Ambulatory Surgical Clinics (ASCs), &amp; Freestanding Dialysis Clinics (FDCs)</b></p> <p>1. Updated DOH LTO (1 original copy)</p> <p>2. Official Receipt for Payment of Accreditation Fee</p> <p>2.1. Level 1- P5,000.00 2.2. Level 2- P8,000.00 2.3. Level 3- P10,000.00 2.4. Infirmary- P3,000.00 2.5. ASC- P5,000.00 2.6. FDC- P5,000.00</p> <p>3. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</p>	<p>DOH PhilHealth Cashier, upon payment</p> <p>Facility</p>

<p><b>II. Konsulta Package Providers (KPPs), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Provider (ABPPs) Standalone Outpatient HIV-AIDS Treatment (OHAT) Package Providers, &amp; Freestanding Family Planning (FP) Clinics</b></p> <ol style="list-style-type: none"> <li>1. DOH Certification/ Certificate of Training (1 original copy)</li> <li>2. Photographs of the major areas in the facility (in .jpeg format) saved in a flash drive if there are improvements/ renovation undertaken</li> </ol>	<p>DOH Facility</p>
<p><b>C. RE-ACCREDITATION DUE TO CHANGE IN OWNERSHIP</b></p> <p><b>I. Hospitals (L1, L2 or L3), Infirmaries, Ambulatory Surgical Clinics (ASCs), Freestanding Dialysis Clinics (FDCs), Konsulta Package Providers (KPP), Maternity Care Providers (MCPs), Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers, Animal Bite Benefit Package Providers (ABPPs), Standalone Outpatient HIV-AIDS Treatment (OHAT) Package Providers, Community Isolation Units (CIUs), SARS-CoV2 Testing Laboratory (COVID LABs), Outpatient Malaria Package Providers (OMPs), &amp; Drug Abuse Treatment and Rehabilitation Center (DATRC)</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH LTO/ Certification (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee             <ol style="list-style-type: none"> <li>2.1. Level 3- P10,000.00</li> <li>2.2. Level 2- P8,000.00</li> <li>2.3. Level 1- P5,000.00</li> <li>2.4. Infirmary- P3,000.00</li> <li>2.5. ASC- P5,000.00</li> <li>2.6. FDC- P5,000.00</li> <li>2.7. Konsulta- P2,000.00</li> <li>2.8. MCP- P1,500.00</li> <li>2.9. TB DOTS- P1,000.00</li> <li>2.10. ABPP- P1,000.00</li> <li>2.11. OHAT- P1,000.00</li> <li>2.12. CIU- N/A</li> <li>2.13. COVID LAB- N/A</li> </ol> </li> </ol>	<p>DOH PhilHealth Cashier, upon payment</p>

<p>2.14. OMP- N/A          2.15. DATRC- N/A          3. Any of the following as proof of change in ownership:          3.1. For Private HFs (1 original copy):              3.1.1. Securities and Exchange Commission (SEC) Registration including Articles of Incorporation,              3.1.2. Deed of Sale,              3.1.3. Cooperation Development Authority (CDA)              3.1.4. Department of Trade and Industry (DTI) Certificate          3.2. For Government HFs (1 photocopy):              3.2.1. Provincial to Municipal – Usufruct agreement between the province and municipality              3.2.2. Local to National – corresponding Republic Act</p>	<p>SEC           Facility          CDA          DTI           LGU, Facility           LGU, Facility</p>			
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.</p>	<p>1.1 Receive application and other documentary requirements and payment slip.</p>	<p>**Applicable fees are illustrated below</p>	<p>1 hour and 5 minutes*</p>	<p>LHIO Frontline Officer</p>
	<p>1.2 Screen application and other documentary requirements as to completeness of requirements</p>		<p>5 minutes</p>	
	<p>1.3 Write down the HCI data in the receiving logbook</p>		<p>2 minutes</p>	

<p>2. If the application is not complete, 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</p>	<p>If the application is not complete,            2.1 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            If complete,            2.2 Stamp complete the file copy and the receiving copy (PDR and the 1<sup>st</sup> page of the other requirements)            2.2.1 Provide corresponding amount for accreditation            2.2.2 Direct Client to the cashier for payment</p>		<p>15 minutes</p>	
<p>3. Proceed to Cashier for payment</p>	<p>3.2 Receive payment</p>		<p>5 minutes</p>	<p>Collecting Officer</p>
<p>4. Provide copy of proof of payment to the counter</p>	<p>4.2 Release the receiving copy of the PDR and other requirements to the HCI representative</p>		<p>2 minutes</p>	<p>Frontline Officer</p>
<p><b>TOTAL</b></p>		<p><b>None</b></p>	<p><b>1 hour and 30 minutes</b></p>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

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### Schedule of Application Fees for Institutional Health Care Providers

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals ( <i>with training programs</i> )	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

\* Applications filed after the validity of their accreditation

\*\* Applications filed after the prescribed filing period but within the validity period

\*\*\* Only applicable to government facilities

### 3. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTH FACILITIES (HF<sub>s</sub>)

*Receiving of application for accreditation filed by Health Facilities (HF<sub>s</sub>) in the Philippines.*

<b>Office/Division</b>	Local Health Insurance Offices	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All HF <sub>s</sub> applying for Renewal/Continuous Accreditation	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>PhilHealth Forms:</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC) (1 original copy)</li> <li>3. Payment Slip or Order of Payment (1 original copy)</li> </ol>		Public Assistance and Complaint's Desk (PACD), PhilHealth Website ( <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> ) or in any PhilHealth Regional Office (PRO) or Local Insurance Office (LHIO)
<b>General Requirements</b> <ol style="list-style-type: none"> <li>1. Provider Data Record (PDR) (1 original copy)</li> <li>2. Performance Commitment (PC rev. 3 – Aug. 2018) with the HF's letterhead and signed at each page. (1 original copy)</li> </ol>		PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO
<b>Specific Requirements in Addition to the General Requirements:</b> <ol style="list-style-type: none"> <li><b>I. Hospitals (Level 3, 2, or 1), Infirmaries</b> <ol style="list-style-type: none"> <li>1. Updated DOH License-to-Operate (LTO) as a Hospital (Level 3, 2, or 1) or an Infirmary (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee               <ol style="list-style-type: none"> <li>2.1. Level 3 – P10,000.00</li> <li>2.2. Level 2 – P8,000.00</li> <li>2.3. Level 1 – P5,000.00</li> <li>2.4. Infirmaries – P3,000.00</li> </ol> </li> <li>3. Certificate of Good Standing (CGS) from the Philippine Hospital Association (PHA) (1 original copy)</li> </ol> </li> </ol>		DOH  PhilHealth Cashier, upon payment          PHA

<ol style="list-style-type: none"> <li>4. Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and/or other contracts entered into by the hospital/infirmary for outsourced services with relevance to reimbursement of claims (e.g. hemodialysis, ARSP, etc.), for outsourced services (1 original copy)</li> <li>5. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>6. If HF provides COVID-19 Home Isolation Benefit Package (CHIBP), Letter of Intent (LOI) to continue providing the same (1 original copy)</li> <li>7. PhilHealth-accredited Medical Director/ Chief of Hospital, <b>OR</b> Application for PhilHealth Accreditation of the Medical Director/ Chief of Hospital if not yet accredited (1 original copy)</li> </ol>	<p>Facility</p> <p>Facility</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>II. Hospital Extension Facilities (HEFs)</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH License-to-Operate (LTO) as a HEF (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee <ol style="list-style-type: none"> <li>1.1. HEF of Level 3 Hospital – P10,000.00</li> <li>1.2. HEF of Level 3 Hospital – P8,000.00</li> <li>1.3. HEF of Level 3 Hospital – P5,000.00</li> </ol> </li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>
<p><b>III. Ambulatory Surgical Clinics (ASCs) &amp; Free-standing Dialysis Clinics (FDCs)</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH License-to-Operate (LTO) as an ASC or an FDC (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee of P5,000.00</li> <li>3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>4. If the ASC provides COVID-19 Home Isolation Benefit Package (CHIBP), Letter of Intent (LOI) to continue providing the same (1 original copy)</li> <li>5. PhilHealth-accredited managing health care professional, <b>OR</b> Application for PhilHealth accreditation of the managing health care professional if not yet accredited (1 original copy)</li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>Facility</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>IV. Maternity Care Package Providers (MCPs)</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH License-to-Operate (LTO) as a Birthing Home (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee of P5,000.00</li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p>

<ol style="list-style-type: none"> <li>3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>4. Updated DOH Certificate as a Newborn Screening Facility (1 original copy)</li> <li>5. Updated DOH Certificate as a Newborn Hearing Screening Facility, <b>OR</b> Memorandum of Agreement (MOA) with a Certified Facility for outsourced service (1 original copy)</li> <li>6. If the MCP provides COVID-19 Home Isolation Benefit Package (CHIBP), Letter of Intent (LOI) to continue providing the same (1 original copy)</li> <li>7. PhilHealth-accredited managing health care professional, <b>OR</b> Application for PhilHealth accreditation of the managing health care professional if not yet accredited (1 original copy)</li> </ol>	<p>Facility</p> <p>DOH DOH <b>OR</b> Facility</p> <p>PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>V. Outpatient HIV-AIDS Treatment (OHAT) Hubs</b></p> <ol style="list-style-type: none"> <li>1. Stand-alone OHAT Hubs <ol style="list-style-type: none"> <li>1.1. DOH Certification as Treatment Hub/ Satellite Treatment Hub/ Primary HIV Care Facility, <b>OR</b> latest DOH Department Memorandum on the list of recognized facilities (1 original copy)</li> <li>1.2. Official Receipt for Payment of Accreditation Fee of P1,000.00</li> <li>1.3. For private stand-alone OHAT hubs, latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>1.4. PhilHealth-accredited health care professional/ physician, <b>OR</b> Application for PhilHealth accreditation of the health care professional/ physician if not yet accredited (1 original copy)</li> </ol> </li> <li>2. Facility-Based OHAT Hubs <ol style="list-style-type: none"> <li>2.1. DOH Certification as Treatment Hub/ Satellite Treatment Hub/ Primary HIV Care Facility, <b>OR</b> latest DOH Department Memorandum on the list of recognized facilities (1 original copy)</li> <li>2.2. PhilHealth-accredited health care professional/ physician, <b>OR</b> Application for PhilHealth accreditation of the health care professional/ physician if not yet accredited (1 original copy)</li> </ol> </li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment Facility</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p> <p>DOH</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>VI. Freestanding Family Planning (FP) Clinics</b></p> <ol style="list-style-type: none"> <li>1. Valid DOH Certification of Compliance as a Freestanding FP Clinic (1 original copy)</li> </ol>	<p>PhilHealth Cashier, upon payment</p>

<ol style="list-style-type: none"> <li>2. Official Receipt for Payment of Accreditation Fee of P1,500.00</li> <li>3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>4. Accredited health care professional, <b>OR</b> Application for PhilHealth accreditation of the health care professional if not yet accredited (1 original copy)</li> </ol>	<p>DOH Facility</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>VII. Anti-Tuberculosis Directly-Observed Treatment Short-course (TB DOTS) Package Providers</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH – PhilCAT Certification, if available (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee of P1,000.00</li> <li>3. Latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> <li>4. Accredited health care professional, <b>OR</b> Application for PhilHealth accreditation of the health care professional if not yet accredited (1 original copy)</li> </ol>	<p>DOH PhilHealth Cashier, upon payment Facility</p> <p>Facility <b>OR</b> PACD, PhilHealth website, or PhilHealth LHIO/ PRO</p>
<p><b>VIII. Animal Bite Benefit Package Providers (ABPPs)</b></p> <ol style="list-style-type: none"> <li>1. Updated DOH Certificate of Recognition as an Animal Bite Treatment Center (ABTC) or Animal Bite Center (ABC) (1 original copy)</li> <li>2. Official Receipt for Payment of Accreditation Fee of P1,000.00</li> <li>3. For private ABPPs, latest audited financial statement, shall be submitted on or before June 30 of the current year (1 original copy)</li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment Facility</p>
<p><b>IX. Konsulta Package Providers (KPPs)</b></p> <ol style="list-style-type: none"> <li>1. Licensed KPPs <ol style="list-style-type: none"> <li>1.1. Updated DOH License-to-Operate as a Primary Care Facility (1 original copy)</li> <li>1.2. Official Receipt for Payment of Accreditation Fee of P2,000.00</li> </ol> </li> <li>2. Non-licensed Stand-alone KPPs <ol style="list-style-type: none"> <li>2.1. For private KPP - Certified True Copy of Business/ Mayor’s Permit or Updated Professional Tax Receipt (to follow if not yet available upon application) (1 original copy)</li> <li>2.2. Official Receipt for Payment of Accreditation Fee of P2,000.00</li> </ol> </li> </ol>	<p>DOH</p> <p>PhilHealth Cashier, upon payment</p> <p>LGU or Facility</p> <p>PhilHealth Cashier, upon payment</p>

<b>X. Drug Abuse Treatment and Rehabilitation Centers (DATRCs)</b>				
1. Updated DOH Certificate as a drug abuse treatment and rehabilitation center (1 original copy)		DOH		
<b>XI. Outpatient Malaria Package (OMP) Provider</b>				
4. DOH Certificate of an employed personnel with a Microscopist's Training in the Diagnosis of Malaria (1 original copy)		DOH		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit application forms and other documentary requirements with properly filled-out payment slip once queuing number is called.	1.1 Receive application and other documentary requirements and payment slip.	<i>**Applicable fees are illustrated below</i>	1 hour and 5 minutes*	LHIO Frontline Officer
	1.2 Screen application and other documentary requirements as to completeness of requirements		5 minutes	
	1.3 Write down the HCI data in the receiving logbook		2 minutes	

<p>2. If the application is not complete, 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</p>	<p>If the application is not complete,            2.1 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            If complete,            2.2 Stamp complete the file copy and the receiving copy (PDR and the 1<sup>st</sup> page of the other requirements)            2.2.1 Provide corresponding amount for accreditation            2.2.2 Direct Client to the cashier for payment</p>		<p>15 minutes</p>	
<p>3. Proceed to Cashier for payment</p>	<p>3.1 Receive payment</p>		<p>5 minutes</p>	<p>Collecting Officer</p>
<p>4. Provide copy of proof of payment to the counter</p>	<p>4.1 Release the receiving copy of the PDR and other requirements to the HCI representative</p>		<p>2 minutes</p>	<p>Frontline Officer</p>
<p><b>TOTAL</b></p>		<p><b>None</b></p>	<p><b>1 hour and 30 minutes</b></p>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

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**Schedule of Application Fees for Institutional Health Care Providers**

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (with training programs)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

\* Applications filed after the validity of their accreditation

\*\* Applications filed after the prescribed filing period but within the validity period

\*\*\* Only applicable to government facilities

#### 4. RECEIVING OF APPLICATION FOR ACCREDITATION OF HEALTH CARE PROFESSIONALS (HCPs)

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

<b>Office/Division</b>	Local Health Insurance Offices
<b>Classification</b>	Simple
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen
<b>Who may avail:</b>	<b>All HCPs applying for Initial Accreditation, Renewal of Accreditation or Re-accreditation</b>
<b>Checklist of Requirements</b>	<b>Where to Secure</b>
<b>PhilHealth Forms:</b> 1. Provider Data Record (PDR) (1 original copy) 2. Performance Commitment (PC) (1 original copy)	Public Assistance and Complaint's Desk (PACD), PhilHealth Website ( <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> ) or in any PhilHealth Local Insurance Office (LHIO) or PhilHealth Regional Offices (PROs)
<b>General Requirements:</b> 2. Provider Data Record (PDR) (1 original copy) 3. Performance Commitment (PC) (1 original copy) 4. Updated Professional Regulation Commission (PRC) License (1 original copy) 5. Two (2) pieces, 1 x 1 Photo (1 original copy) 6. Proof of Updated PhilHealth Premium Contribution during the month of application (1 original copy)	PACD, PhilHealth website, or PhilHealth LHIO/ PRO PACD, PhilHealth website, or PhilHealth LHIO/ PRO PRC  HCP Prof PhilHealth LHIO/ PRO OR Employer
<b>Specific Requirements in Addition to the General Requirements:</b>  <b>XII. INITIAL ACCREDITATION</b> <b>A. Physicians</b> <b>A.1. General Practitioner (GP)</b> Certificate of Good Standing (CGS) from Philippine Medical Association (PMA) or its Local Component Society (1 original copy) <b>A.2. GP with Training (GPT)</b> 1. CGS from PMA or its Local Component Society (1 original copy) 2. Certificate of Completed Residency Training (1 original copy)	PMA or its Local Component Society   PMA or its Local Component Society  DOH-recognized Training Hospital/ Facility



<p><b>C.2. Family Planning (FP) Services</b></p> <p>Any of the following documents should be submitted if the HCProf will provide the corresponding family planning (FP) services:</p> <ol style="list-style-type: none"> <li>1. IUD Insertion             <ol style="list-style-type: none"> <li>a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course (1 original copy), or</li> <li>b. Post-Partum Training Course (1 original copy)</li> </ol> </li> <li>2. Post-partum IUD Insertion             <ol style="list-style-type: none"> <li>a. Post-Partum IUD Training Course (1 original copy)</li> </ol> </li> <li>3. Subdermal Contraceptive Implant Package             <ol style="list-style-type: none"> <li>b. Certificate of Training on Subdermal Implant Insertion and Removal (1 original copy)</li> </ol> </li> </ol>	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>
<p><b>D. Nurses</b></p> <p><b>C.1. Maternity Care Package (MCP) and Newborn Care Package (NCP) Provider</b></p> <p>Any of the following evidences of competency on the expanded functions of midwives (not required for graduated from School Year 1995 and onwards) should be submitted during their initial application as Maternity Care Package (MCP) and Newborn Care Package (NCP) Providers.</p> <ol style="list-style-type: none"> <li>1. Certificate of Training on the Basic Emergency Obstetric and Newborn Care (BemONC) for nurses from a DOH-recognized training center for BEmONC skills (1 original copy), or</li> <li>2. Certificate of work experience for at least two (2) years in the labor and delivery room of at least a Level 1 hospital (1 original copy)</li> </ol>	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>

<p><b>C.2. Family Planning (FP) Services</b></p> <p>Any of the following documents should be submitted if the HCProf will provide the corresponding family planning (FP) services:</p> <ol style="list-style-type: none"> <li>1. IUD Insertion             <ol style="list-style-type: none"> <li>a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course, or</li> <li>b. Post-Partum Training Course.</li> </ol> </li> <li>2. Post-partum IUD Insertion             <ol style="list-style-type: none"> <li>a. Post-Partum IUD Training Course</li> </ol> </li> <li>3. Subdermal Contraceptive Implant Package             <ol style="list-style-type: none"> <li>b. Certificate of Training on Subdermal Implant Insertion and Removal.</li> </ol> </li> </ol>	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>
<p><b>XIII. RENEWAL OF ACCREDITATION AND RE-ACCREDITATION DUE TO GAP IN ACCREDITATION</b></p>	
<p><b>A. Physicians</b></p>	
<p><b>A.1. General Practitioner (GP)</b></p> <p>CGS from PMA or its Local Component Society (1 original copy)</p>	<p>PMA or its Local Component Society</p>
<p><b>A.2. GP with Training (GPT)</b></p> <p>CGS from PMA or its Local Component Society (1 original copy)</p>	<p>PMA or its Local Component Society</p>
<p><b>A.3. Medical Specialist (MS)</b></p> <ol style="list-style-type: none"> <li>1. CGS from PMA or its Local Component Society (1 original copy)</li> <li>2. CGS from Specialty Society/ Subspecialty Society (1 original copy)</li> </ol>	<p>PMA or its Local Component Society Specialty/ Subspecialty Society PMA or Specialty Society</p>

**NOTE:** For physicians who are emeritus members of PMA or their Specialty Societies, the physician should provide proof of emeritus standing from the society.

- B. Dentists** – no additional requirements
- C. Midwives** – no additional requirements
- D. Nurses** – no additional requirements

**XIV. RE-ACCREDITATION DUE TO UPGRADE IN CLASSIFICATION OF THE PHYSICIAN (GP TO GPT OR GP/GPT TO MS)**

**A. GP to GPT**

1. CGS from PMA or its Local Component Society (1 original copy)
2. Certificate of Completed Residency Training (1 original copy)

PMA or its Local Component Society  
DOH-recognized Training Hospital/ Facility

**B. GP/GPT to MS**

1. CGS from PMA or its Local Component Society (1 original copy)
2. Certificate of Completed Residency Training (1 original copy)
3. Specialty Board Certificate (1 original copy)

DOH-recognized Training Hospital/ Facility  
DOH-recognized Training Hospital/ Facility  
Specialty Society

**NOTE:** For physicians who are emeritus members of PMA or their Specialty Societies, the physician should provide proof of emeritus standing from the society (1 photocopy)

PMA or Specialty Society

**XV. RE-ACCREDITATION DUE TO ADDITIONAL SERVICE CAPABILITY OF NURSES AND MIDWIVES PROVIDING FAMILY PLANNING (FP) SERVICES**

<p>Any of the following documents should be submitted if the midwife or nurse will provide the corresponding family planning (FP) services:</p> <ol style="list-style-type: none"> <li>2. IUD Insertion             <ol style="list-style-type: none"> <li>a. Certificate on Family Planning Competency Based Training Level 2 (FPCBT2) / Comprehensive Family Planning Course (1 original copy), or</li> <li>b. Post-Partum Training Course (1 original copy)</li> </ol> </li> <li>3. Post-partum IUD Insertion             <ol style="list-style-type: none"> <li>a. Post-Partum IUD Training Course (1 original copy)</li> </ol> </li> <li>4. Subdermal Contraceptive Implant Package Certificate of Training on Subdermal Implant Insertion and Removal (1 original copy)</li> </ol>	<p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p> <p>DOH-recognized Training Hospital/ Facility</p>
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CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished application form for accreditation and other documentary requirements to the frontline officer once the number is called.	1.1. Receive application, and other documentary requirements.	None	1 hour and 10 minutes*	Frontline Officer
	1.2. Screen received documents as to completeness of requirements.			
	1.3. Write down the Health Care Professional's data in the receiving logbook.			
	If the application is not complete, 1.4. Return the application to the client furnish Deficiency Letter, and explain content of said letter.			

	1.5. Ask client to sign under “disposition” column in the receiving logbook.			
	If the application is complete, 1.6. Stamp complete the file copy and receiving copy of the application and the 1 <sup>st</sup> page of the other requirements.		10 minutes	
2. Receive stamped “complete” application documents.				
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 10 minutes</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time start upon receipt of the queue number.*

## **A. Local Health Insurance Offices (LHIOs)**

### **IV. COLLECTION SERVICES**

## 1. PAYMENT OF PREMIUM CONTRIBUTION – DIRECT CONTRIBUTOR

*Acceptance of premium payment from Direct Contributors*

<b>Office/Division</b>	Local Health Insurance Office	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2C - Government to Citizen; G2B - Government to Business; G2G Government to Government	
<b>Who may avail:</b>	All Direct Contributor	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
<p><b>PhilHealth Forms:</b>  <u>For all direct contributors (EXCEPT Electronic Premium Remittance System (EPRS) users and Employers and Group Enrollment Program members)</u></p> <ul style="list-style-type: none"> <li>a. Self-Earning Individuals</li> <li>b. Non-EPRS User Employers located in Geographically Isolated and Disadvantaged Areas (GIDAS) or in Areas where there are Accredited Collecting Agents (ACAs) but no available Internet Service Provider (ISP)</li> <li>c. Migrant workers</li> <li>d. Kasambahay</li> <li>e. Foreign Nationals / Philippine Retirement Authority (PRA) Foreign Retiree</li> <li>f. Employers with arrearages</li> </ul> <p>1. PhilHealth Premium Payment Slip (PPPS) (1 original copy)</p>	<p>Public Assistance and Complaint's Desk (PACD)  PhilHealth Website (<a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a>)  or in any PhilHealth Local Insurance Office (LHIO)</p>	
<p><b>Documentary Requirements:</b></p> <p>1. Statement of Premium Accounts (SPA) (1 original copy)</p> <ul style="list-style-type: none"> <li>a. Self-Earning Individuals</li> <li>b. Kasambahay</li> <li>c. Group enrollment Program (GEP)</li> <li>d. Electronic Premium Remittance System (EPRS) user Employers</li> </ul>	<p>PhilHealth Collection Section  PhilHealth website  <a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a> Member Portal  Employer  PhilHealth Collection Section  Employer</p>	

e. Billing Statement for employers with arrearages		PhilHealth Collection Section		
2. Certificate of Exemption ( <u>for EPRS and Non EPRS User</u> ) (1 original copy)		PhilHealth Collection Section		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queueing number at the PACD and wait for the number to be called	1.1. Issue queueing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)
2. Present the SPA and Cash/Manager's Check/Cashier's Check/PhilHealth Premium Payment Slip (PPPS)	2.1. Receive SPA /PPPS	**refer to the schedule of premium rate below.	10 minutes	LHIO Cashier
	2.2. Review the check payment as to the correctness of information and amount			
	2.3. Accept payment and Issue PhilHealth Official Receipt			
3. Receive PhilHealth Official Receipt (POR)	3.1 Issue POR to Client		1 minute	
	<b>TOTAL</b>	<b>As computed based on the Premium rate for CY 2022**</b>	<b>1 hour and 11 minutes</b>	

\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

\*\*Schedule of Premium Rate

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**A. Premium Contribution Table for Direct Contributors.**

Effective the applicable month upon effectivity of the Implementing Rules and Regulations (IRR) of the UHC Act, the monthly premium contributions shall be in accordance with the premium rates and monthly income/basic salary floor and ceiling prescribed in the said Act, as follows:

<b>Year</b>	<b>Monthly Basic Salary</b>	<b>Premium Rate</b>	<b>Monthly Premium</b>
2019	₱10,000.00	2.75%	₱275.00
	₱10,000.01 to ₱49,999.99		₱275.00 to ₱1,375.00
	₱50,000.00		₱1,375.00
2020	₱10,000.00	3.00%	₱300.00
	₱10,000.01 to ₱59,999.99		₱300.00 to ₱1,800.00
	₱60,000.00		₱1,800.00
2021	₱10,000.00	3.50%	₱350.00
	₱10,000.01 to ₱69,999.99		₱350.00 to ₱2,450.00
	₱70,000.00		₱2,450.00
2022	₱10,000.00	4.00%	₱400.00
	₱10,000.01 to ₱79,999.99		₱400.00 to ₱3,200.00
	₱80,000.00		₱3,200.00
2023	₱10,000.00	4.50%	₱450.00
	₱10,000.01 to ₱89,999.99		₱450.00 to ₱4,050.00
	₱90,000.00		₱4,050.00
2024 to 2025	₱10,000.00	5.00%	₱500.00
	₱10,000.01 to ₱99,999.99		₱500.00 to ₱5,000.00
	₱100,000.00		₱5,000.00

## 2. PAYMENT FOR ACCREDITATION OF HEALTH CARE INSTITUTIONS

*Acceptance of Accreditation fee from Health Care Institutions*

<b>Office/Division</b>	Local Health Insurance Office			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business			
<b>Who may avail:</b>	All Health Care Institutions			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>PhilHealth Forms:</b> Premium Payment Slip (PPPS) (1 original copy)		LHIO - Public Assistance and Complaint Desk (PACD) or PhilHealth Website ( <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> )		
<b>Documentary Requirements:</b> Not applicable				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queueing number at the PACD and wait for the number to be called	1. Issue queueing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)
2. Pay corresponding fee for HCI accreditation	1. Receive payment for accreditation of the HCI	**refer to the schedule of application fees of Healthcare Institution below.	5 minutes	LHIO Cashier
3. Receive PhilHealth Official Receipt (POR)	1. Issue POR to Client			
	<b>TOTAL</b>	<b>**As computed based on the schedule of application fee</b>	<b>1 hour and 5 minutes</b>	

\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

\*\*Schedule of Premium Rate

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### Schedule of Application Fees for Institutional Health Care Providers

INSTITUTIONS	INITIAL & REACCREDITATION * PRIVATE/ GOVERNMENT	RENEWAL		RE-ACCREDITATION **	
		BEFORE THE PRESCRIBED FILING PERIOD (WITH 10% INCENTIVES)	PRESCRIBED FILING PERIOD	APPLICATIONS FILED AFTER THE PRESCRIBED FILING PERIOD (additional fee)	
				31 – 90 days prior to expiration	1 – 30 days prior to expiration
Level I Hospitals	P 3,000.00	P 1,800.00	P 2,000.00	P 4,000.00	P 8,000.00
Level II Hospitals	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Level III Hospitals	P 8,000.00	P 7,200.00	P 8,000.00	P 16,000.00	P 32,000.00
Level IV Hospitals (with training programs)	P 10,000.00	P 9,000.00	P 10,000.00	P 20,000.00	P 40,000.00
Ambulatory Surgical Centers (ASCs)	P 5,000.00	P 3,600.00	P 4,000.00	P 8,000.00	P 16,000.00
Free Standing Dialysis Centers (FSDCs)	P 5,000.00	P 4,500.00	P 5,000.00	P 10,000.00	P 20,000.00
OPB Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
TB-DOTS Provider	P 1,000.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
Non-Hospital Maternity Care Providers	P 1,500.00	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
3-in-1 Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and DOTS Providers	P 1,000.00 ***	P 900.00	P 1,000.00	P 2,000.00	P 4,000.00
OPB and MCP Providers	P 1,500.00 ***	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00
MCP and DOTS Providers	P 1,500.00	P 1,350.00	P 1,500.00	P 3,000.00	P 6,000.00

\* Applications filed after the validity of their accreditation

\*\* Applications filed after the prescribed filing period but within the validity period

\*\*\* Only applicable to government facilities

### 3. ADJUSTMENT / CORRECTION OF PAYMENT INFORMATION IN THE DATABASE USING THE TREASURY DATA EDITING MODULE (TDEM)

*Adjustment / Correction of Payment Information In The Database Using The Treasury Data Editing Module (TDEM)*

<b>Office/Division</b>	Local Health Insurance Office			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen			
<b>Who may avail:</b>	All Direct Contributor			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>PhilHealth Forms:</b> Data Amendment Request Form (DARF) (1 original copy)		LHIO - Public Assistance and Complaint Desk (PACD) or PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a>		
<b>Documentary Requirements:</b> 1. PhilHealth Official Receipts (POR) or PhilHealth Agent Receipts (PAR) or Authorized Collecting Agents Receipts (1 original copy)  2. Valid ID* with signature of the employer's authorized signatory (1 original; 1 photocopy) In the absence of authorized signatory, 2.1. Authorization letter from the authorized signatory (1 original copy) 2.2. Authorized signatory and authorized representative (1 original; 1 photocopy)		Over The Counter Collection System (OTCCS) PhilHealth, Accredited Collecting Banks, Bayad Centers  Member		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advice client to proceed to designated counter when the number is called		1 hour*	LHIO - Public Assistance and Complaint Desk (PACD)

2. Submit duly accomplished forms and documentary requirements to the Frontline	2.1 Receive and screen submitted documents	None	3 minutes**	Frontline Officer
	2.2 Conduct necessary validation and verification through PMAIS and Treasury databases		11 minutes**	
	2.3 Upon approval of request, edit or adjust payment information in the collection database using the Treasury Data Editing Module (TDEM)		15 minutes**	
3. Receive and acknowledge receipt of Certificate of Premium Contribution (CPP)	3.1 Release the CPP			Frontline Officer
	<b>TOTAL</b>	<b>None</b>	<b>1 hours and 30 minutes*</b>	

\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

\*\* The time indicated corresponds to the time required to process one (1) transaction.



CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	60 minutes	LHIO: Public Assistance and Complaint Desk (PACD)
2. Submit request letter and supporting documents	2.1 Receive and screen submitted documents 2.2 Advise client to wait for notification within 20 days	None	30 minutes	LHIO Staff
	<b>TOTAL</b>		<b>1 hour and 30 minutes*</b>	

*\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

**5. RECEIVE EMPLOYER REQUESTS TO COMPROMISE, WAIVER OR RELEASE, IN WHOLE OR IN PART, INTERESTS AND/OR SURCHARGES AND PAYMENT OF PREMIUM ARREARS THROUGH INSTALLMENT ARRANGEMENTS**

*Handling of employer's request for waiver of interest on missed/late contribution payment and/or the settlement of past due premiums or arrearages and their applicable interests/surcharges through installment arrangement.*

<b>Office/Division</b>	Local Health Insurance Office (LHIO)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen			
<b>Who may avail:</b>	Employer			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
<b>PhilHealth Forms</b>				
None				
<b>Documentary Requirements</b>				
Duly signed Letter of request from the employer clearly stating the reason for the request and other relevant documents to support the request (1 original copy)	Employer			
Statement of Premium Account (SPA) (1 photocopy)	Employer			
Employer Profile to be accomplished by PhilHealth Accounts Officer (1 photocopy)	PhilHealth LHIO/Collection Section			
Valid ID with signature of the employer's authorized signatory (1 original; 1 photocopy)	Any Government agency issuing ID			
In the absence of authorized signatory. 1. Authorization Letter from the authorized signatory (1 original copy) 2. Valid IDs of both authorized signatory and authorized representative (1 original; 1 photocopy)	Employer Any Government agency issuing ID			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the queuing number to be called.	1.1 Issue queuing number and advice client to proceed to designated counter when the number is called		1 hour	

2. Submit request letter	2.1 Receive and screen the completeness of documents submitted against the checklist provided for the purpose. 2.2 Advise client to wait for notification within 20 days.	None	15 minutes	LHIO Staff
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 15 minutes*</b>	

*\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

## 7. PROCESSING OF REQUEST OF EXEMPTION FROM EPRS ONLINE PAYMENT FACILITY\*

*Employers request for exemption in using PhilHealth's EPRS Online Payment Facility for reasons acceptable to the Corporation.*

<b>Office/Division</b>	LHIO - COLLECTION SECTION			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B- Government to Business; G2c- Government to Citizen			
<b>Who may avail:</b>	All employers from Private and Government Institutions (Direct Contributors)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b>				
Not applicable				
<b>Documentary Requirements</b>				
1. One (1) original request letter (1 original copy) (1 original copy)			Employer	
2. One (1) original copy of valid ID of employer/authorized representative			Employer	
3. Proof of employee count Preliminary Employees Premium Remittance Lists (PEPRL) (1 photocopy)			Employer	
4. Duly received online banking application (1 original copy, if applicable)			Bank	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queueing number at the PACD and wait for the number to be called	1.1 Issue queueing number and advice client to proceed to designated counter when the number is called	None		LHIO: Public Assistance and Complaint Desk (PACD)
2. Submit request letter	2.1 Receive request letter 2.2 Stamp 'received' the receiving copy of Employer <hr/> 2.3 Advise client to wait for the Certificate of Exemption (COEx) thru email	None	1 hour and 30 minutes	LHIO Staff (PAIMS)
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 30 minutes**</b>	

\* Qualified for Multi-Staging Process

\*\* The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.

**8. SETTLEMENT OF ARREARS (DELINQUENT EMPLOYERS WITH PENDING BILLING STATEMENT/NOTICE TO COMPLY WITH 1<sup>ST</sup> BILLING STATEMENT)**

<b>Office/Division</b>	COLLECTION SECTION / P-AIMS			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B- Government to Business			
<b>Who may avail:</b>	Employers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Issued Billing Statement (1 photocopy)		Copy of the Billing Statement Statement/Notice to Comply with 1 <sup>st</sup> Billing Statement is served and explained to the employer by the P-AIMS/Accounts Officer		
Generated Statement of Premium Account (SPA) for Billed Periods (For Non-Remittance of Premium Contributions) (1 original copy)		Generated from the Electronic Premium Remittance System (EPRS)		
Computation of Interest Sheet for Billed Periods (1 photocopy)		Issued by the designated P-AIMS/Accounts Officer		
Payment Slip (Signed by the P-AIMS) (1 original copy)		Issued by the designated P-AIMS/Accounts Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client coordinates with designated P-AIMS/Accounts Officer	1.1. Receive and screen submitted documents.	Total amount for settlement is indicated in the Statement of Premium Account(for non-remittance)and/or computation of interest sheet (for under-remittances)	5 minutes	P-AIMS/Accounts Officer
	1.2. Validate the submitted documents vis-à-vis issued billing statement, PAIMS, and Treasury Database for adjustments to the billed amount as needed.		25 minutes	P-AIMS/Accounts Officer
2. The client shall submit a copy of the generated	2.1. Issue the payment slip.		2 minutes	P-AIMS/Accounts Officer

Statement of Premium Account (SPA)				
If the total billed amount is OUTDATED, 3. The client shall submit payroll copies for re-computation of arrears				
4. Process payment based on the issued payment slip.	4.1. Refer the client to the LHIO-Cashier for receipt and processing of payments.	Total amount for settlement is indicated in the Statement of Premium Account (for non-remittance) and/or computation of interest sheet (for under-remittances)	3 minutes	P-AIMS/Accounts Officer
	<b>TOTAL</b>	<b>See above</b>	<b>35 Minutes</b>	

**9. SETTLEMENT OF ARREARS (DELINQUENT EMPLOYERS WITH CASE FOLDER ENDORSED TO LEGAL UNIT)**

Settlement of Arrears (Delinquent Employers with Case Folder Endorsed To Legal Unit)

<b>Office/Division</b>	COLLECTION SECTION / P-AIMS/Legal Unit			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B- Government to Business			
<b>Who may avail:</b>	Employers			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Final Demand Letter (1 photocopy)		Copy of the Final Demand Letter is served and explained to the employer by personnel from Legal Unit		
Issued Billing Statement (1 photocopy)		Copy of the Billing Statement Statement/Notice to Comply with 1 <sup>st</sup> Billing Statement is served and explained to the employer by the P-AIMS/Accounts Officer		
Generated Statement of Premium Account (SPA) for Billed Periods (For Non-Remittance of Premium Contributions)		Generated from the Electronic Premium Remittance System (EPRS)		
Copy of the Computation of Interest Sheet for Billed Periods		Issued by the designated P-AIMS/Accounts Officer		
Payment Slip (Signed by the P-AIMS)		Issued by the designated P-AIMS/Accounts Officer		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client coordinates with Legal Unit as to the settlement of arrears.	2.1. Discuss the precedents and require the client to submit the necessary documents for validation by the P-AIMS/ Accounts Officer		10 minutes	Legal Unit

<p>2. Client coordinates with designated P-AIMS/Accounts Officer:</p> <p>If there are NO changes to the billed amount, the client shall submit a copy of the generated Statement of Premium Account (SPA)</p> <p>If the total billed amount is OUTDATED, the client shall submit payroll copies for re-computation of arrears</p>	2.1. Receive and screen submitted documents		5 minutes	P-AIMS/Accounts Officer
	2.2. Validate the submitted documents vis-à-vis issued billing statement, PMAIS, and Treasury Database for adjustments to the billed amount as needed.		25 minutes	P-AIMS/Accounts Officer
	2.3. Inform Legal Unit of the final amount for settlement based on the validation of submitted documents		5 minutes	P-AIMS/Accounts Officer
	2.4. Issue the payment slip		2 minutes	P-AIMS/Accounts Officer
3. Receive issued payment slip.	3.1. Refer the client to the LHIO-Cashier for receipt and processing of payments.	Total amount for settlement is indicated in the Statement of Premium Account (for non-remittance) and/or computation of interest sheet (for under-remittances)	3 minutes	P-AIMS/Accounts Officer
<b>TOTAL</b>		<b>See above</b>	<b>47 minutes</b>	

## **A. Local Health Insurance Offices (LHIOs)**

## **V. GENERAL TRANSACTIONS**

### 1. PROCESSING OF INQUIRY OF WALK IN CLIENTS

Local Health Insurance Offices shall provide services to walk-in clients

<b>Office/Division</b>	Local Health Insurance Offices - Membership			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All walk-in clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b> None				
<b>Documentary Requirements</b>				
<ol style="list-style-type: none"> <li>Valid signature and photo bearing identification card/s (ID/s) of the member, if client is the member</li> <li>If the process is thru a representative, Authorization Letter from the member (original) and valid signature and photo bearing ID of the member and the representative (photocopy)</li> </ol>			<p>Any Government Agency issuing valid ID</p> <p>Member, Any Government Agency issuing valid ID</p>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquire to the Public Assistance and Complaints Desk (PACD) Officer	1.1 Answer the inquiry If the inquiry leads to another process/es, advise the client accordingly.	None	10 minutes	Public Assistance and Complaints Desk (PACD) Officer
	<b>TOTAL</b>	<b>None</b>	<b>10 minutes</b>	

## 2. REQUEST FOR RECORDS

Local Health Insurance Offices shall provide services to walk-in clients

<b>Office/Division</b>	Local Health Insurance Offices (LHIO)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All walk-in clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b>				
1. Request Slip for Certification of Benefits for Dialysis, Contributions, Employer Data Record (EDR) are also considered as “Records”			PhilHealth LHIO	
2. Request letter for other type of documents			Requesting Party	
<b>Documentary Requirements</b>				
1. One (1) photocopy of Valid signature and photo bearing ID of the member if client is the member (1 photocopy)			Any Government Agency issuing valid ID	
2. If the process is thru a representative, Authorization Letter from the member (original) and valid signature and photo bearing ID of the member and the representative, (1 photocopy)			Current Employer, Any Government Agency issuing valid ID	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called		1 hour*	Public Assistance and Complaints Desk (PACD) Officer
2. Submit duly accomplished request slip/request letter with document requirement/s to the frontline officer	2.1 Receive and screen properly filled-out request form/letter and documentary requirement/s	None	3 minutes	Frontline Officer
	2.2 Process request of the client		10 minutes	
3. Acknowledge receipt of the requested record/s	3.1 Release record/s and require client to acknowledge receipt of the same		2 minutes	
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 15 minutes</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number*

### 3. UPDATING OF MEMBER DATA RECORDS (MDR) THROUGH ONLINE METHODS

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

<b>Office/Division</b>	Local Health Insurance Offices - Membership			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All members			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>PhilHealth Forms</b> PhilHealth Member Registration Form (PMRF)		Public Assistance and Complaint's Desk (PACD) PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Local Insurance Office (LHIO)		
<b>Documentary Requirements</b> <ol style="list-style-type: none"> <li>1. Birth Certificate, Marriage Contract</li> <li>2. Baptismal Certificate</li> <li>3. Affidavit of Two Disinterested Persons,</li> <li>4. Senior Citizen's ID</li> <li>5. Medical Certificate stating the extent of disability and the date when the disability was acquired</li> <li>6. Certificate from Municipal Social Welfare and Development Office (MSWDO) as Foster Parent/guardian</li> </ol>		Philippine Statistics Authority, Local Civil Registrar Religious Institution where the baptism took place Law Firms, Public Attorney's Office (PAO) Office of the Senior Citizen's Affairs (OSCA) Attending Physician  Municipal Social Welfare and Development Office (MSWDO)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send requests to official email address of the Local Health Insurance Office (LHIO)	1.1 Check all emails for updating of member's record	None	3 working days	LHIO - backroom personnel
	1.2 Download and assess the veracity and completeness of the received documents			
	1.2.1 If incomplete, notify client of deficiencies			

	1.2.2 If complete, process the request 1.2.3 Advise client to register thru PhilHealth member portal to view updated MDR			
	<b>TOTAL</b>	<b>None</b>	<b>3 working days</b>	

#### 4. UPDATING OF MEMBER DATA RECORDS (MDR) AND DECLARATION OF DEPENDENTS

*Editing of data records in the membership database for the purpose of updating member's record and declaring dependents*

<b>Office/Division</b>	Local Health Insurance Offices - Membership	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen	
<b>Who may avail:</b>	All existing PhilHealth members	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
<b>PhilHealth Forms</b> PhilHealth Member Registration Form (PMRF)	Public Assistance and Complaint's Desk (PACD) PhilHealth Website <a href="http://www.philhealth.gov.ph/downloads">www.philhealth.gov.ph/downloads</a> or in any PhilHealth Local Insurance Office (LHIO)	
<b>Documentary Requirements</b> <ol style="list-style-type: none"> <li>1. Declaration of Children               <ol style="list-style-type: none"> <li>2.1 Legitimate or illegitimate children below 21 year-old</li> <li>2.2 Birth Certificate with registry number or Baptismal Certificate reflecting the name of the member as parent</li> <li>2.3 For births which took place abroad, Birth Certificate Stamped "received" by the Philippine embassy or Consular office exercising jurisdiction over the place of birth</li> <li>2.4 Adopted children below 21 years old: Court Decree/Resolution of Adoption or Birth Certificate of the adopted children in which adoption is annotated thereto</li> <li>2.5 Stepchildren below 21 years-old: Marriage Certificate (with registry number) between biological parents and stepfather/stepmother and Birth Certificate/s (with registry number) of the stepchildren</li> <li>2.6 Mentally or physically disabled children who are 21 years old and above: Birth Certificate; Original Medical Certificate issued by the attending physician within the past 6 months stating and describing the extent of disability</li> <li>2.7 Foster Child: Foster Placement Authority from Department of Social Welfare and Development Office/s (DSWDO/s)</li> </ol> </li> </ol>	PSA, LCR or Religious Institutions where the baptismal took place  Philippine Embassy; or Consular Office in the country where the child was born  Trial court who heard the adoption proceedings PSA  PSA / LCR  Any licensed physician in the Philippines  Department of Social Welfare and Development Offices (DSWDO/s)	

2. Dependent parents (60 years old and above) 3.1 Birth Certificate of Member and/or Marriage Contract 3.2 Senior Citizen ID 3. Dependent parents below 60 years old with permanent disability 4.1 Birth Certificate of Member and/or Marriage Contract 4.2 Medical Certificate of parent indicating the extent of disability issued within 6 months		PSA / LCR Office of the Senior Citizen's Affair (OSCA)  PSA / LCR Any licensed physician in the Philippines		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get queuing number at the PACD and wait for the number to be called	1.1 Issue queuing number and advise client to proceed to designated counter when the number is called	None	1 minute	Public Assistance and Complaints Desk (PACD) Officer
2. Present duly accomplished PMRF and documentary requirements.	2.1 Receive and screen duly accomplished PMRF with documentary requirement/s as to completeness.	None	1 minute	PACD Officer
	2.2 If complete, issue queuing number		1 hour*	
	2.3 If incomplete, advise client of deficiencies		1 minute	
3. Submit PMRF and documentary requirements to frontline counter once queuing number is called	3.1 Update the member's record and/or dependent records	None	3 minutes	Frontline Personnel
4. Receive PhilHealth Identification Card (PIC) and/or MDR	4.1 Print and issue Philhealth Identification Card (PIC) and/or MDR	None	1 minute	
<b>TOTAL</b>		<b>None</b>	<b>1 hour and 7 minutes</b>	

*\*The time indicated includes the waiting time of the transacting client and shall depend on the number on queue. Waiting time starts upon securing the queue number.*

## **A. Local Health Insurance Offices (LHIOs)**

### **VI. SUPPORT SERVICES**

## 1. PUBLIC ASSISTANCE SERVICES

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

<b>Office/Division</b>	Local Health Insurance Office			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All walk-in clients of the Local Health Insurance Office			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Secure information and appropriate PhilHealth Forms, fill-out the forms and ask for initial direction	Provide appropriate forms and information.	None None	Maximum of 10 minutes per client	Public Assistance Staff - LHIO
Get a queuing number and wait for the number to be called	Give queuing number and direct the client to the appropriate frontline counter or area in the LHIO.			
<b>TOTAL</b>		<b>None</b>	<b>10 minutes</b>	

## 2. APPROVAL OF REQUEST FOR ORIENTATION

The Local Health Insurance Offices shall approve or facilitate approval of request for orientation by stakeholders.

<b>Office/Division</b>	Local Health Insurance Offices - Support Services			
<b>Classification</b>	<b>Simple or Complex</b>			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All members			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Letter (original)		Requesting stakeholder		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>If the request can be handled by the LHIO (A)</b>				
1. Submit letter request to the LHIO Admin Designate	1. Receive and stamp the date of receipt on the request letter and forward the same to the Chief Social Insurance Officer (CSIO)	None	2 working days	LHIO Admin Designate
	2. Assess the receive request, if it can be handled by the LHIO staff or not			LHIO Head
	3. Approve the request and assign staff who will conduct the orientation			LHIO Head
	4. Notify the requesting party that the request had been approve and set the date, and/or venue and platform of the orientation.			Designated LHIO staff who will conduct the orientation
	<b>TOTAL</b>	<b>None</b>	<b>2 working days</b>	
<b>If the request cannot be handled by the LHIO due to technicality (B)</b>				

1. Submit letter request to the LHIO Admin Designate	1.1 Receive and stamp the date of receipt on the request letter and forward the same to the Chief Social Insurance Officer (CSIO)		2 working days	
	1.2 Assess the receive request, if it can be handled by the LHIO staff or not			
	1.3 Transmit the request letter to FOD		1 working day	LHIO Admin Designate
	1.4 Receive the endorsed request letter, assess the request and transmit the same to the concerned Unit in the PRO			FOD
	1.5 Seek approval of the conduct of orientation		2 working days	Concerned Unit
	1.6 Approve the conduct of orientation			Division Chief/RVP
	1.7 Notify the requesting party that the request had been approve and set the date, and/or venue and platform of the orientation.			Concerned Unit
	<b>TOTAL</b>	<b>None</b>	<b>5 working days</b>	

### 3. APPROVAL/DENIAL OF STAKEHOLDER’S REQUESTS BY THE REGIONAL VICE-PRESIDENTS

Processing of uncommon request by stakeholders and the nature of the request can only be decided by the Regional Vice President.

<b>Office/Division</b>	Local Health Insurance Offices - Support Services			
<b>Classification</b>	Complex			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All stakeholders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Request Letter (original)				
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
Applicable supporting documents				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter request to the PRO/LHIO Staff	1. Receive and stamp the date of receipt on the letter request and endorse to concerned units	None	1 - 4 working days	PRO/LHIO Head/Staff
	2. Assess and verify the received documents and draft recommendations for approval/denial of the RVP through the division chiefs.			Concerned Unit
	3. Approval or denial of the request by the Regional Vice President		2 working days	Regional Vice President
	4. Send to the requesting stakeholder the document containing the decision made on the request, be it an approval of denial.		1 working day	ORVP Staff
<b>TOTAL</b>		<b>None</b>	<b>4 working days</b>	

#### 4. GENERATION OF AUTHORIZATION TRANSACTION CODE (ATC)

##### Generation Of Authorization Transaction Code (ATC)

<b>Office / Division</b>	Local Health Insurance Offices			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2C - Government to Citizens			
<b>Who may avail</b>	All members			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>None</b>	
Request for Authorization Transaction Code (RATC)			PhilHealth Office	
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit a properly filled-out RATC to any PhilHealth Office	1. Receive the accomplished RATC from the member	None	1 to 3 working days	LHIO Staff/ PCARES
	2. Screen completeness of information in the application form			
	3. Encode the preferred schedule date in the appointment module of the UPCM and iCARES			
	4. Confirms the successful generation of Authorization Transaction Code (ATC)			
	5. If printer is available, generate and print the ATC			

	6. If camera is available, request the beneficiary to take a digital image of the QR code through camera			
	7. If no available printer or camera, write down the code and sign the RATC			
	8. Release the ATC to the client			
	9. File the RATC			
	<b>TOTAL</b>	<b>None</b>	<b>3 working days</b>	

## 5. PROCESSING OF INQUIRY OR COMPLAINT RECEIVED THROUGH EMAIL BY THE PRO

Responding to the inquiries or complaints of stakeholders received through online channels.

<b>Office/Division</b>	Public Affairs Unit			
<b>Classification</b>	G2G; G2B; G2C;			
<b>Type of Transaction</b>	Simple			
<b>Who may avail:</b>	All stakeholders			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Receive inquiry of complaint				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Sends inquiry or complaint through online channels (email, social media accounts, etc.)	Acknowledge receipt of the inquiry or complaint and inform the client that it will be acted immediately	None	1 to 4 working days	Units in-charge of monitoring email and other online platforms used by the PRO
	Evaluate inquiry or complaint receive and identify responsible unit to act on the concern of the client			
	Endorse the inquiry or complaint to the concerned unit			
	Coordinate with the client if the resolution of the inquiry or complaint requires additional documents or facts			
	If the inquiry can be answered or the complaint can be resolve based solely on the email receive, answer the inquiry or informed the client of the actions taken on the complaint immediately.			Concerned Unit
	<b>TOTAL</b>	<b>None</b>	<b>4 working days</b>	

## 6. PUBLIC ASSISTANCE SERVICES

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

<b>Office/Division</b>	Local Health Insurance Office			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business; G2C- Government to Citizen			
<b>Who may avail:</b>	All walk-in clients of the Local Health Insurance Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Secure information and appropriate PhilHealth Forms, fill-out the forms and ask for initial direction	Provide appropriate forms and information.	None	Maximum of 10 minutes per client	Public Assistance Staff - LHIO
Get a queuing number and wait for the number to be called	Give queuing number and direct the client to the appropriate frontline counter or area in the LHIO.			
	<b>TOTAL</b>	<b>None</b>	<b>10 minutes per client</b>	

## **B. PHILHEALTH EXPRESS**

### **I. MEMBERSHIP**

## 7. MEMBER REGISTRATION, UPDATING OF RECORDS AND ISSUANCE OF MEMBER DATA RECORD AND PHILHEALTH IDENTIFICATION CARD IN PHILHEALTH EXPRESS

Registration of new members, updating of member's data records and generation of IDs and MDRs.

<b>Office</b>	PhilHealth Expresses	
<b>Classification</b>	Simple	
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
<b>Who may avail:</b>	All existing and prospective members	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>Principal Member</b>		
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member	PhilHealth Counter	
Birth Certificate (1 photocopy) or 2 signature bearing Valid IDs (1 photocopy of each ID)	Philippine Statistics Authority	
Barangay Certificate for First Time Job Seekers	Concerned Barangay	
<b>Declaration of Dependents</b>		
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member	PhilHealth Counter	
Birth Certificate of child with registry number (1 photocopy)	Philippine Statistics Authority	
Marriage Contract with registry number (1 photocopy) for dependent spouse	Philippine Statistics Authority	
Proof of relationship to the member for dependent parent and proof that the parent is already 60 years of age or proof of permanent disability, if applicable (1 photocopy each)	Philippine Statistics Authority Any licensed physician	
<b>Senior Citizen Registrant</b>		
PhilHealth Member Registration Form (PMRF) (1 original copy) duly signed by the Member	PhilHealth Counter	
OSCA - Senior Citizen ID or 2 Valid IDs with birthdate or Birth Certificate (1 photocopy)	Office of the Senior Citizens Affairs	
Authorization Letter from the member (original) and 2 Valid signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy of each ID)		

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>Membership Registration and updating of records</b>				
Fill up the PhilHealth Member Registration Form (PMRF)	Give queuing number and PMRF to client	None	5 minutes per PMRF	Frontline Officer – PhilHealth Express
Submit the filled-up PMRF and the supporting documents to the Frontline Counter when number is called	Receive and assess completeness of the receive documents			
	If the receive document is not complete, return the same and advise clients accordingly			
	If complete, process receive documents			
Check the details of the information in the ID or Member Data Record (MDR)	Print ID and MDR and request client to check the printed information for accuracy purposes			
	If the client finds an error, correct the error and reprint ID and/or MDR			
Receive ID and MDR	Release ID and MDR to the client			
<b>TOTAL</b>		<b>None</b>	<b>5 minutes per PMRF</b>	

## 8. REQUEST FOR COPY OF PHILHEALTH IDENTIFICATION CARDS (PIC) AND MEMBER DATA RECORDS (MDR) IN PHILHEALTH EXPRESS

Issuance of existing PICs and MDRs by the PhilHealth Expresses

<b>Office</b>	PhilHealth Expresses			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
<b>Who may avail:</b>	All existing and prospective members			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Fill-up Request Form	Give queuing number and the Request Form to client	None	5 minutes	Frontline Officer - Philhealth Express
Submit the filled-up Request Form to the Frontline Officer when number is called	Receive the filled-up Request Form and print the PIC and/or MDR	None	5 minutes	
	Release the PIC and/or MDR to the client	None		
Received the PIC and/or MDR		None	5 minutes	
<b>TOTAL</b>		<b>None</b>	<b>15 minutes</b>	

# **C. PHILHEALTH BUSINESS CENTERS**

## **I. MEMBERSHIP**

## 9. MEMBERSHIP REGISTRATION AND ISSUANCE OF MDR AND PIN

Registration of individuals belonging to the Informal Sector and Land based Migrant Worker Category at the POEA Operations Satellite Office.

<b>Office/Division:</b>	POEA-OFP Operations Satellite Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen; G2B - Government to Business			
<b>Who may avail:</b>	All individuals belonging to the Informal Sector and Land Based Migrant Worker category			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
PhilHealth Membership Registration Form duly signed by the Member				
Applicable supporting documents				
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)				
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit duly accomplished PMRF and supporting documents and payment slip once the number is called.	1. Receive and screen duly accomplished PMRF with supporting documents and payment slip;	None	10 minutes	Frontline Officer - POEA-OFP Operations Satellite Office
	2. Encode/assign/update member's data;			
	3. Endorse payment slip to the assigned Payment Processor/ Collecting Officer			

	and advise client to proceed to the Payment Processor/Cashier's window and return after payment has been made;			
2. Proceed to the Cashier's window once number is called, tender payment (premium contribution) and receive Official Receipt.	4. Encode payment slip and assign number		5 minutes	
	5. Receive payment, issue OR and advise client/member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) / Member Data Record (MDR)	based on monthly income, subject to ceiling		
3. Proceed to Frontline Officer and receive PhilHealth Identification Card and MDR	6. Print and release PIC and MDR to the Client/Member		5 minutes	
<b>TOTAL:</b>		<b>None</b>	<b>20 minutes</b>	

## 10. MEMBERSHIP REGISTRATION AND ISSUANCE OF MDR AND PIN (FOREIGN NATIONALS)

Membership Registration and Issuance Of MDR And PIN (Foreign Nationals)

<b>Office/Division:</b>	POEA-OFP Operations Satellite Office			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen; G2B - Government to Business			
<b>Who may avail:</b>	All Foreign Nationals willing and qualified to become a member of the National Health Insurance Program			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
PhilHealth Membership Registration Form (PMRF) duly signed by the Member		PhilHealth website		
PRA Identification Card, or Special Resident Retiree's Visa (SRRV), or Alien Certificate of Registration (ACR I-card)		Member		
Applicable supporting documents		Member		
Valid signature and photo bearing ID of the member, if client is the member (1 photocopy)		Member		
Authorization Letter from the member (original) and Valid Signature and photo bearing ID of the member and the representative, if the process is thru a representative (1 photocopy)		Member		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 once the number is called	Receive and screen duly accomplished PMRF with supporting documents and payment slip;	None	10 minutes	Frontline Officer - POEA-OFP Operations Satellite Office
	Encode/assign/update member's data;			
	Endorse payment slip to the assigned Payment Processor/			

	Collecting Officer and advise client to proceed to the Payment Processor/Cashier's window and return after payment has been made;			
2. Proceed to the Cashier's window once the number is called tender payment (premium contribution) and receive Official Receipt.	Encode payment slip and assign number		5 minutes	
	Receive payment, issue OR and advise client/member to proceed to Frontline Officer to get PhilHealth Identification Card (PIC) / Member Data Record (MDR)	17,000/annual 15,000/annual for PRA Foreign Retirees		
	Print and release PIC and MDR to the Client/Member		5 minutes	
3. Proceed to Frontline Officer and receive PhilHealth Identification Card and MDR				
<b>TOTAL:</b>		<b>17,000/annual 15,000/annual for PRA Foreign Retirees</b>	<b>20 minutes</b>	

# **CENTRAL OFFICE**

## **D. Corporate Affairs Group (CAG)**

### **I. Corporate Action Center (CAC)**

## 11. HANDLING OF SIMPLE CLIENT QUERIES AND FEEDBACK THRU CALLBACK CHANNEL

Simple queries or feedback from external clients via Callback Channel 0917-898-7442 for direct resolution by CAC.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Corporate Action Center Callback Channel: 0917-898-7442.	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send the following text message to 0917-898-7442: "PHIC callback [space] Mobile No. or Metro Manila landline [space] details of simple concern".	1. Retrieve requests for callback from SMS System and endorse to Callback Team Leader.	None	3 working days	Receiving staff
2. Wait for callback within 3 working days	2. Sort and distribute a minimum of 80 valid queries to each assigned agent per day.	None		CAC Team Leader
3. Receive call from agent.	3. Call the client and use the standard opening spiel.	None		Call agent
4. Give consent on use of personal data in order to proceed with query	4. Secure consent on use of personal data in the transaction and for quality assurance purposes.			

5. Provide requested information	5. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	6. 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.)			
6. Answer security questions	7. Perform information security protocol, if involving sensitive personal information			
7. Receive response	8. Provide response to the query or feedback including other relevant information using spiels			
None	9. Provide contact details and transaction reference number for follow-up			
None	10. Encode transaction in CSMS/Logsheet and close directly resolved transaction.			
	<b>TOTAL</b>	<b>None</b>	<b>3 working days</b>	

Note: TAT is based on CAC capacity with outsourced provider to manage regular volume of requests for callback, with quota set at 80 queries per agent per day. Callback requests are deemed expired after 72 hours. 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.

## 12. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK THRU CALLBACK CHANNEL

Complex queries or feedback from external clients via Callback Channel 0917-898-7442 which are for initial response/endorsement by CAC and resolution of other offices.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Corporate Action Center Callback Channel: 0917-898-7442.	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the following text message to 0917-898-7442: "PHIC callback [space] Mobile No. or Metro Manila landline [space] details of complex concern"	1. Retrieve requests for callback from SMS System and endorse to Callback Team Leader.	None	3 working days	Receiving staff
2. Wait for callback within 3 working days	2. Sort and distribute minimum of 80 valid queries to each assigned agent per day.	None		CAC Team Leader
3. Receive call from agent.	3. Call client and use standard opening spiel.	None		Call agent
4. Give consent on use of personal data in order to proceed with query	4. Secure consent on use of personal data in the transaction and for quality assurance purposes			
5. Provide requested information	5. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			
None	6. 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.)			

6. Answer security questions	7. Perform information security protocol, if involving sensitive personal information			
7. Receive initial response	8. Provide initial response to the query or feedback including other relevant information using spiels			
	9. Provide contact details and transaction reference number for follow-up			
None	10. Encode transaction in CSMS/Logsheets.			
	11. Escalate complex transaction to Team Leader for level 2 resolution of other office.			
	12. Coordinate and endorse transaction to responsible office thru CSMS, and record in CAC Logsheets			Call Channel Team Leader
8. Provide requested information	13. 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.	None	4 working days	Other office
9. Receive services and/or final response	14. Conduct review and approval process and 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.			
	15. 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.			
<b>TOTAL:</b>		None	<b>7 Working Days</b>	

Note: CAC's TAT of 3 working days includes cycle time. It is based on CAC capacity with outsourced provider to manage regular volume of calls, with quota set at 80 per agent per day. Callback requests are deemed expired after 72 hours. 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.

### 13. HANDLING OF HIGHLY TECHNICAL CLIENT QUERIES AND FEEDBACK THRU CALLBACK CHANNEL

Technical queries or feedback from external clients via Callback Channel 0917-898-7442 which are for initial response/endorsement by CAC and resolution of other office.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Corporate Action Center Callback Channel: 0917-898-7442.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send the following text message to 0917-898-7442: "PHIC callback [space] Mobile No. or Metro Manila landline [space] details of highly technical concern".	1. Retrieve requests for callback from SMS System and endorse to Callback Team Leader.	None	3 working days	Receiving staff
2. Wait for callback within 3 working days	2. Sort and distribute minimum of 80 valid queries to each assigned agent per day.	None		CAC Team Leader
3. Receive call from agent.	3. Call client and use standard opening spiel.	None		Call agent
4. Give consent on use of personal data in order to proceed with query	4. Secure consent on use of personal data in the transaction and for quality assurance purposes			
5. Provide requested information	5. Ask /clarify client's concern as necessary and request for name and PIN and other required information.			

None	6. 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.)			
6. Answer security questions	7. Perform information security protocol, if involving sensitive personal information			
7. Receive initial response	8. Provide initial response to the query or feedback including other relevant information using spiels			
	9. Provide contact details and transaction reference number for follow-up			
None	10. Encode transaction in CSMS/Logsheets.			
	11. Escalate complex transaction to Team Leader for level 2 resolution of other office.			
	12. Coordinate and endorse transaction to responsible office thru CSMS, and record in CAC Logsheets	None		Call Channel Team Leader
8. Provide requested information, if required	13. Request client for additional information/documents required for processing, if lacking  <b>Note:</b> Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.	None	17 working days	Other office

<p>9. Receive services and/or final response</p>	<p>14. Conduct technical/management review and provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures.</p> <p><b>Note:</b> 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>15. Communicate final response to client</p> <p><b>Note:</b> 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>			
	<b>TOTAL:</b>	<b>None</b>	<b>20 Working Days</b>	

Note: TAT of 3 working days processing by CAC includes cycle time. It is based on CAC capacity with outsourced provider to manage regular volume of calls, with quota set at 80 per agent per day. Callback requests are deemed expired after 72 hours. As allowed under EODB Law, TAT extension of additional 20 working days may be applied for highly technical transactions, provided that, client is informed prior to the deadline.

#### 14. HANDLING OF CLIENT QUERIES AND FEEDBACK THRU EMAIL

Simple, ministerial queries or feedback from external clients via [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph) for direct resolution of CAC.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		Corporate Action Center channel: <a href="mailto:actioncenter@philhealth.gov.ph">actioncenter@philhealth.gov.ph</a>		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send simple email to <a href="mailto:actioncenter@philhealth.gov.ph">actioncenter@philhealth.gov.ph</a>	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/Tally sheet and close directly resolved transaction.			
<b>TOTAL:</b>		<b>None</b>	<b>3 Working Days</b>	

Note: TAT of 3 days includes cycle time. It is based on current capacity with outsourced provider 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.

### 15. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK THRU EMAIL

Complex queries or feedback from external clients received by Corporate Action Center via email ( [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph) ), for endorsement by CAC to another office for Level 2 resolution.

<b>Office:</b>	Corporate Action Center (CAC)				
<b>Classification:</b>	Complex				
<b>Type of Transaction:</b>	G2C- Government to Citizen				
<b>Who may avail:</b>	All external clients				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
None			Corporate Action Center channel: actioncenter@philhealth.gov.ph		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>		<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
	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/tally sheet.			
	6. Escalate complex transaction to Team Leader for resolution of other office.			
	7. Coordinate and endorse to responsible office thru CSMS, and record in CAC Log sheet			CAC Team Leader
3. Provide requested information	8. Request client for additional information/documents required for processing, if applicable. <b>Note:</b> 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. Conduct review and approval process and provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures. <b>Note:</b> 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 <b>Note:</b> 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.			
	<b>TOTAL:</b>	<b>None</b>	<b>7 working days</b>	

Note: TAT of 3 days for endorsements include cycle time. It is based on current capacity with outsourced provider 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.

## 16. HANDLING OF HIGHLY TECHNICAL 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
	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	6. Encode transaction in CSMS/Tally sheet.			

	7. Escalate technical transaction to Team Leader for resolution of other office.			
	8. Coordinate and endorse to responsible office thru CSMS, and record in CAC log sheet			CAC Team Leader
3. Provide requested information	9. Request client for additional information/documents required for processing, if applicable. <b>Note:</b> Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.	None	8 working days	Other office
4. Receive services, if applicable	10. Conduct technical/management review and approval and provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures			
None	11. Prepare final response letter to client using spiel and based on available information. <b>Note:</b> 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.	None	3 working days	
	11. Review draft response letter		3 working days	
	12. Revise draft response letter as necessary			
	13. Sign final response			
5. Receive final response letter	14. Release response letter to client			
	<b>TOTAL:</b>	None	20 working days	

Note: TAT of 3 days for endorsement of CAC includes cycle time. It is based on current capacity with outsourced provider 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.

### 17. HANDLING OF SIMPLE CLIENT QUERIES AND FEEDBACK VIA SOCIAL MEDIA

Simple and ministerial queries or feedback from external clients via "PhilHealthOfficial" Facebook page for direct resolution by CAC.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		Corporate Action Center channels: "PhilHealthOfficial" Facebook page		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send simple message to PhilHealth FB page	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.			
	<b>TOTAL:</b>	None	<b>3 working days</b>	

Note: TAT of 3 days processing by CAC includes cycle time. It is based on current capacity with outsourced provider 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.

**18. 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 "PhilHealth official" Facebook page, 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.				
<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Corporate Action Center channels: "PhilHealthofficial" Facebook page	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send complex message to PhilHealth FB page	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 log sheet			CAC Team Leader
6. Provide requested information	11. Request client for additional information/documents required for processing, if applicable.  <b>Note:</b> Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.		4 working days	Other office
7. Receive services and/or final response	12. Conduct review and approval processes and provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures.  <b>Note:</b> 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>13. 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>			
	<b>TOTAL:</b>	None	<b>7 working days</b>	

Note: TAT of working 3 days processing by CAC includes cycle time. It is based on current capacity with outsourced provider to manage regular volume of FB messages, 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.

### 19. HANDLING OF TECHNICAL CLIENT QUERIES AND FEEDBACK VIA SOCIAL MEDIA

Queries or feedback from external clients via "PhilHealth official" Facebook page, 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.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Corporate Action Center channels: "PhilHealth official" Facebook page	
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 acknowledgment 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 log sheet				CAC Team Leader	
6. Provide requested information	11. Request client for additional information/documents required for processing, if applicable.  <b>Note:</b> Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.				8 working days	Other office
7. Receive services, if applicable	12. Conduct review and approval process and provide services as may be related to the client's concern, in accordance with existing corporate policies and procedures.  <b>Note:</b> 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	13. Prepare final response letter to client using spiel and based on available information.  <b>Note:</b> 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					

8. Receive final response letter	18. Release response letter to client			
	<b>TOTAL:</b>	<b>None</b>	<b>20 working days</b>	

Note: TAT of 3 working days processing by CAC includes cycle time. It is based on current capacity with outsourced provider 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 20 working days may be applied for highly technical transactions, provided that, client is informed prior to deadline.

## 20. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK VIA LETTER

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

<b>Office:</b>	Corporate Action Center (CAC)				
<b>Classification:</b>	Complex				
<b>Type of Transaction:</b>	G2C- Government to Citizen ,G2G-Government to Government				
<b>Who may avail:</b>	All external clients				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
None			Thru letter sent to: <b>Philippine Health Insurance Corporation Head Office</b> CityState Center, 709 Shaw Boulevard Oranbo, Pasig City <b>Presidential Complaint Center</b> pcc@malacanang.gov.ph (letter)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>		<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send query/feedback via letter to PhilHealth Head Office or lodged to PCC	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	
	7. Review draft response letter and provide comments, if any			CAC Head
	8. Finalize reply letter, if with comments			Letter Channel Agent
	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
<b>TOTAL:</b>		<b>None</b>	<b>7 working days</b>	

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.

## 21. HANDLING OF HIGHLY TECHNICAL CLIENT AND FEEDBACK VIA LETTER

Technical queries or feedback from external clients via letter, 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.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen ,G2G-Government to Government			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Thru letter sent to: <b>Philippine Health Insurance Corporation Head Office</b> CityState Center, 709 Shaw Boulevard Oranbo, Pasig City <b>Presidential Complaint Center</b> pcc@malacanang.gov.ph (letter)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send query/feedback via letter to PhilHealth Head Office	1. Assign letters to agents		3 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 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 Long sheet		
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.		
None	8. Review draft response letter and endorsement	3 working days	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; encode in log sheet		Email Channel TL and Letter Channel Agent

4. Provide requested information	<p>13. Request client for additional information/documents required for processing, if applicable.</p> <p>Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.</p>		8 working days	Other office
5. Receive services, if applicable	<p>14. Conduct technical review/approval process and 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>			
None	<p>15. Prepare final response letter to client using spiel and based on available information.</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>		3 working days	Action Officer Designate (AOD) of Other Office
None	16. Review draft response letter		3 working days	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
	<b>TOTAL:</b>	<b>None</b>	<b>20 working days</b>	

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.

## 22. 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), for direct resolution by CAC using pre-approved spiels and not requiring review and approval process.

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen,G2G Government to Government			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		<b>Anti-Red Tape Authority (ARTA):</b> complaints@arta.gov.ph 8-478-5093 <b>Presidential Complaint Center (PCC):</b> 8888 <b>Contact Center ng Bayan (CCB):</b> email@contactcenterngbayan.gov.ph 0908-881-6565		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 action in Government Channel's online system and upload documentation.  Contact information of CAC for follow-up is provided.			
	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.			
	8. Record transaction in CSMS and close directly resolved transaction.			
	<b>TOTAL:</b>	<b>None</b>	<b>3 working days</b>	

Note: Initial contact with client must be with concrete and specific 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.

### 23. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK LODGED TO GOVERNMENT CHANNELS

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

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen,G2G Government to Government			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		<b>Anti-Red Tape Authority (ARTA):</b> complaints@arta.gov.ph 8-478-5093 <b>Presidential Complaint Center (PCC):</b> 8888 <b>Contact Center ng Bayan (CCB):</b> email@contactcenterngbayan.gov.ph 0908-881-6565		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.			
	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.)			
	6. Prepare response based on available information. Note: Response may be as follows:  Contact information of CAC for follow-up is provided.		4 working days	
	7. Review draft response			CAC Head
	8. Finalize response as necessary			CAC Technical Point Person
	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			
	<b>TOTAL:</b>	<b>None</b>	<b>7 working days</b>	

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.

## 24. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK LODGED TO GOVERNMENT CHANNELS

Complex queries or feedback from external clients lodged to Government Channels i.e. 8888, CSC-CCB and ARTA (with online system), for endorsement by CAC and for level 2 resolution of other office requiring review and approval process and provision of simple core services (i.e. membership, collection, claims, accreditation, etc).

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen,G2G Government to Government			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			<b>Anti-Red Tape Authority (ARTA):</b> complaints@arta.gov.ph 8-478-5093 <b>Presidential Complaint Center (PCC):</b> 8888 <b>Contact Center ng Bayan (CCB):</b> email@contactcenterngbayan.gov.ph 0908-881-6565	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client sends query/feedback thru Government Channel	1. Receive endorsement from Government Channel	None	2 working days  (Initial action must be within 72 hours)	CAC Technical Point Person
Government Channel endorses feedback/ transaction to CAC	2. Read client's concern and check available contact information.			
None	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.			
2. Provide requested information	4. Encode initial actions in Government Channel's online system.			
None				

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.)			
	6. Coordinate and endorse complex transaction with concerned office via email for documentation.			
	7. Encode transaction and initial actions in Government Channel's online system and in CSMS and log sheet.			
3. Provide requested information	<p>8. Request client for additional information/documents required for processing, if applicable.</p> <p>Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.</p>		5 working days	Other office
4. Receive services and/or final response	<p>9. Conduct review and approval process and 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
	12. 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
	13. Close the transaction ticket in CSMS			
	<b>TOTAL:</b>	<b>None</b>	<b>7 working days</b>	

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.

## 25. HANDLING OF HIGHLY TECHNICAL CLIENT QUERIES AND FEEDBACK LODGED TO GOVERNMENT CHANNELS

Highly technical queries or feedback from external clients lodged to Government Channels i.e. 8888, CSC-CCB and ARTA (with online system), for endorsement by CAC and for resolution of other office through technical/management review and approval process and provision of complex or technical core services (i.e. membership, collection, claims, accreditation, etc.).

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen,G2G Government to Government			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		<b>Anti-Red Tape Authority (ARTA):</b> complaints@arta.gov.ph 8-478-5093 <b>Presidential Complaint Center (PCC):</b> 8888 <b>Contact Center ng Bayan (CCB):</b> email@contactcenterngbayan.gov.ph 0908-881-6565		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.			
	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.)			
	6. Coordinate and endorse complex transaction with concerned office via email for documentation.			
	7. Encode transaction and initial actions in Government Channel's online system and in CSMS and Logsheet.			
3. Provide requested information	<p>8. Request client for additional information/documents required for processing, if applicable.</p> <p>Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.</p>		8 working days	Other office

4. Receive services, if applicable	<p>9. Conduct technical/management review and approval process and 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>			
None	<p>10. Prepare final response letter to client using spiel and based on available information.</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>		3 working days	Action Officer Designate (AOD) of Other Office
	11. Review draft response letter		3 working days	Head of Other Office
	12. Revise draft response letter as necessary			Action Officer Designate (AOD) of Other Office
	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.			Releasing Staff

None	15. Record status of transaction in CSMS and endorse to CAC Technical Point Person for closure		3 working days	Action Officer Designate (AOD) of Other Office
	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
	17. Close the transaction ticket in CSMS			
	<b>TOTAL:</b>	<b>None</b>	<b>20 working days</b>	

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

## 26. HANDLING OF SIMPLE CLIENT QUERIES AND FEEDBACK VIA CAC WALK-IN COUNTER

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

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p>For complaints against non-remitting employers:            - "Salaysay" or affidavit (available at CAC)            - Payslip and proof of non-payment</p> <p>For all other complaints and queries: NONE</p> <p>Core processes on membership, collection, benefit availment and accreditation are not available at CAC.</p>		<p><b>CAC Walk-In Counter</b>            Room 706, CityState Center,            709 Shaw Boulevard,            Oranbo, Pasig City</p>		
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. Perform information security protocol, if involving sensitive personal information			
5. Receive final response and information materials	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 log sheet and close directly resolved transaction.			
	<b>TOTAL:</b>	<b>None</b>	<b>8 minutes</b>	

## 27. HANDLING OF COMPLEX CLIENT QUERIES AND FEEDBACK VIA CAC WALK-IN COUNTER

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

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<p>For complaints against non-remitting employers:          - "Salaysay" or affidavit (available at CAC)          - Payslip and proof of non-payment</p> <p>For all other complaints and queries: NONE</p> <p>Core processes on membership, collection, benefit availment and accreditation are not available at CAC.</p>			<p><b>CAC Walk-In Counter</b>          Room 706, Citystate Center,          709 Shaw Boulevard,          Oranbo, Pasig City</p>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.			
	11. Coordinate complex transaction with concerned office, as necessary, and <b><u>provide advance copy of letter and attachments</u></b>		2.9 working days	CAC Walk-In Agent
	12. Prepare endorsement memorandum to responsible office, using spiel and based on available information.			
	13. Review draft endorsement			CAC Head
	14. Revise draft endorsement as necessary			CAC Walk-In Agent
	15. Sign finalized endorsement letter			CAC Head
	16. Release endorsement memo to responsible office via official email and via CSMS			CAC Walk-In agent

7. Provide requested information	<p>17. Request client for additional information/documents required for processing, if applicable.</p> <p>Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.</p>		4 working days	Other office
8. Receive services and/or final response	<p>18. Conduct review and approval process and 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>19. 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>			
	<b>TOTAL:</b>	<b>None</b>	<b>7 working days</b>	

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.

## 28. HANDLING OF TECHNICAL CLIENT QUERIES AND FEEDBACK VIA CAC WALK-IN COUNTER

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

<b>Office:</b>	Corporate Action Center (CAC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	All external clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
<p>For complaints against non-remitting employers:</p> <ul style="list-style-type: none"> <li>- "Salaysay" or affidavit (available at CAC)</li> <li>- Payslip and proof of non-payment</li> </ul> <p>For all other complaints and queries: NONE</p> <p>Core processes on membership, collection, benefit availment and accreditation are not available at CAC.</p>			<p><b>CAC Walk-In Counter</b>            Room 706, CityState Center,            709 Shaw Boulevard,            Oranbo, Pasig City</p>	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	9. Encode transaction in CSMS	None	2.9 working days	CAC Walk-In agent
	10. Coordinate technical transaction with concerned office, as necessary, and <b><u>provide advance copy of letter and attachments</u></b>			
	11. Prepare endorsement memorandum to responsible office, using spiel and based on available information.			
	12. Review draft endorsement			CAC Head
	13. Revise draft endorsement as necessary			CAC Walk-In agent
	14. Sign finalized endorsement letter			CAC Head
	15. Release endorsement memo to responsible office via official email and via CSMS			CAC Walk-In agent

7. Provide requested information	<p>16. Request client for additional information/documents required for processing, if applicable.</p> <p>Note: Includes at least 3 correct information validated against client's database records for information security purposes, if applicable.</p>	None	8 working days	Other office
8. Receive services and/or final response	<p>17. Conduct technical/management review and approval and 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>			
None	<p>18. Prepare final response letter to client using spiel and based on available information.</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>		5 working days	Action Officer Designate (AOD) of Other Office

None	19. Review draft response letter		4 working days	Head of Other Office
	20. Revise draft response letter as necessary			Action Officer Designate (AOD) of Other Office
	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
	<b>TOTAL:</b>	<b>None</b>	<b>20 working days</b>	

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.

## **D. Corporate Affairs Group (CAG)**

### **II. Corporate Marketing Department (CORMAR)**

## 29. REQUEST FOR CLEARANCE OF MATERIAL/S FROM EXTERNAL PARTNERS

Request made by an external partner 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
		G2B – Government to Business Entity		
<b>Who may avail:</b>		Any Government or Private Agency/External Organization/Company		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Duly signed request letter for clearance and sample material/s		To be done/sent by requesting external partner		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request letter to CorMar.	1. Receive request.	None	1 day	Critical Support Team
	2. Ensure the proper application of PhilHealth brand elements.			Brand Management and Marketing Collateral Development Team (BMMCDT)
None	3. Check accuracy of the content of the material/s relative to the PhilHealth product and services.		4 hours	BMMCDT
None	4. Submit comments and recommendation to SM-CorMar for approval.		4 hours	BMMCDT
None	5. Seek approval of recommendation from VP-CAG.		2 days	BMMCDT, SM-CorMar

2. Receive formal communication from CorMar.	6. Endorse recommendation/clearance to external partner through formal communication.		1 Day	BMMCDT, Critical Support Team
3. Answer the CorMar Satisfaction Survey.	7. Request external partner to answer the CorMar Satisfaction Survey.			
4. Submit accomplished Satisfaction Survey to CorMar.	8. Receive accomplished survey form from end-user.			Critical Support Team
	<b>TOTAL</b>	<b>None</b>	<b>5 days</b>	

### 30. REQUEST FOR APPROVAL OF SPONSORSHIP PROPOSAL

Request made by an external party for the approval of its sponsorship proposal in exchange for promotions/media mileage for PhilHealth

Office:	Corporate Marketing Department (CorMar)			
Classification:	Highly Technical			
Type of Transaction:	G2B- Government to Business			
Who may avail:	Proponent Offices/end-user in the Head Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Sponsorship proposal	Proponent Office			
2. Company Profile				
3. BIR 2303 (Certificate of Registration)				
4. Sample Official Receipt				
5. Originally signed Sponsorship Agreement				
6. Billing Statement				
7. Sponsorship Certification				
8. After-Event Report				
9. Copy of internet page in case of advertisement through internet				
10. Copy of Certificate of Performance issued by the advertising company and Schedule of Broadcast in case of advertisement				
11. Copy of newspaper or magazine evidencing publication in case of advertisement thru print media				
12. BIR 2306 / 2307 c/o PhilHealth				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Send letter request for sponsorship to CorMar together with Company Profile, Copy of BIR 2303, Sample Official Receipt	1. Receive request.	None	3 days	Critical Support Team
	2. Prepare Sponsorship Review.			Events Management Team

None	3. Endorse recommendation to VP-CAG for approval		3 days	Critical Support Team; SM-CorMar; Events Management Team
	a. Approved: Proceed to No. 4			
	b. Disapproved: Send regret letter			
2. Sign the Sponsorship Agreement	4. Inform proponent approval of sponsorship and send sponsorship agreement.		2 Days	Events Management Team
None	5. Prepare Certificate of Availability of Funds (CAF) and Purchase Request (PR) for processing of Comptrollership Department. (if applicable)			
None	6. Prepare and send endorsement memo to concerned PRO/s (if applicable).			
3. Perform/deliver the agreed media values per approved schedule	7.1 Provide the proponent necessary materials as per agreed media values.		2 days	Events Management Team
	7.2 Supervise sponsorship booth and provide IEC during the activity (if applicable).		3 days (depending on the agreement)	Concerned PRO
4. Provide proof if the agreed media values were performed/delivered.	8. Prepare After Event Report.		2 days	Events Management Team or concerned PRO/s
5. Send Billing Statement	9. Prepare Budget Utilization Request (BUR) and print Disbursement Voucher (DV), submit to Comptrollership Department for payment processing and inform client on the next steps. (if applicable)		3 days	Events Management Team
<b>TOTAL</b>		<b>None</b>	<b>18 Days</b>	

## **D. Corporate Affairs Group (CAG)**

### **III. International and Local Engagement Department (ILED)**

### 31. 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 external clients to evaluate and thereafter guide the development and approval of such proposals that would need support from local cooperation.

<b>Office:</b>	INTERNATIONAL AND LOCAL ENGAGEMENT DEPARTMENT
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2B-Government to Business, G2G-Government to Government
<b>Who may avail:</b>	Business entities or other government organizations
<b>CHECKLIST OF REQUIREMENTS</b>	
<p>Letter of Intent          And project proposal with the following information:          Company/Organization          a. Project Name          b. Company/Organization Name          c. Address          d. Telephone          e. Fax          f. Email Address          g. Description of Company/Organization          h. Company/Organization Mission-Vision Statement</p> <p>Project Information          a. Project Name          b. Description of Project          c. Objective/Goal of the Project          d. Total Project Cost          e. Total Project Income          f. Any Proprietary Technologies          g. Project Start Date          h. Project End Date</p>	<b>WHERE TO SECURE</b>
	Prepared by proposing entity (Proposal Submission Form may be secured from ILED)

Qualification of Proposer a. Experience and Credentials of the Company/ Organization b. Experience and Credentials of Key Proposed Staff				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Letter of Intent (LOI) and the project proposal using the Project Submission Form		None		Business entities or other government organizations
None	1.1 ILED evaluates the proposal	None	5 Days	Project Development Officer III or Project Development Officer IV, ILED
None	1.2 If it passes the criteria set for local partnerships, inform proposing party through a letter and set a collaborative meeting between proposing party and the office that will potentially implement the proposed project.	None	1 Day	
None	1.3 If it fails the criteria set for local partnerships, inform proposing party by way of letter.			
<b>TOTAL</b>		<b>None</b>	<b>7 Days</b>	

### 32. 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 external clients to evaluate and thereafter guide the development and approval of such proposals that would need support from international cooperation.

<b>Office:</b>	INTERNATIONAL AND LOCAL ENGAGEMENT DEPARTMENT			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B-Government to Business			
<b>Who may avail:</b>	Development Partners			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Proposal 2. Areas of Support for PhilHealth 3. Thrusts and Priorities		to be prepared by Development Partners		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Development Partner submits proposal to PhilHealth on possible areas of collaboration		None		PDO IV
None	1.1 Evaluate the proposal	None	3 Days	Project Development Officer III or Project Development Officer IV, ILED
None	1.2 If it matches a project proposal/concept note/TOR in the TA agenda, sets a collaborative meeting between development partner and potential implementing office within PhilHealth	None	1 Day	
None	1.3 If it does not match a project proposal/concept note/TOR in the TA agenda, inform development partner by way of letter	None	1 Day	
<b>TOTAL</b>		<b>None</b>	<b>5 Days</b>	

### 33. EVALUATION OF INVITATION TO INTERNATIONAL EVENTS/ACTIVITIES

One of the functions of the International and Local Engagement Department is to coordinate the participation of PhilHealth to international for trainings/conferences/workshops/meetings/fellowships/any activity on exchange of knowledge on Social Health Insurance; this particular service addresses this function.

<b>Office:</b>	ILED			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B- Government to Business			
<b>Who may avail:</b>	Organizer of international events/activities			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Invitation			Prepared by organizer/inviting institution	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Send to ILED invitation to international events/activities/ training (with information on provision of Hotel reservation and e-ticket payment for airfares and hotel accommodations and other logistic requirements, as necessary)	1.1 Evaluates the invitation	None	1 Day	Inviting institution/event organizer
None	1.2 Endorse recommendation on the invitation to PCEO	None	1 Day	Project Development Officer II, III or IV
None	1.3 Upon receipt of instruction from PCEO, informs organizer whether or not PhilHealth can participate in the activity	None	1 Day	
<b>TOTAL</b>		<b>None</b>	<b>3 Days</b>	

## **D. Corporate Affairs Group (CAG)**

### **IV. Social Health Insurance Academy (SHIA)**

### 34. CONDUCT OF CERTIFICATE COURSE ON ICD-10 TRAINING

Request made by a group of private individuals or healthcare providers (HCPS) to attend the conduct of the Certificate Course on ICD-10 Coding

<b>Office:</b>	Social Health Insurance Academy (SHIA)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to External			
<b>Who may avail:</b>	Healthcare Providers staff or any private individual			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Certificate Course on ICD-10 Checklist			Social Health Insurance Academy (SHIA)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Inquire via phone call or email on the schedule of ICD-10 training	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. 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
	3. Once a minimum number of participants is reached, and availability of speakers are confirmed, the ICD-10 registration forms are sent to the participants.	NONE	1 Day	ICD-10 secretariat
2. Fill-out Registration Form and send back to SHIA	4. Follow up with all the participants/received filled-out registration forms	NONE	1 Day	ICD-10 secretariat

NONE	5. Prepare Corporate Personnel Order (CPO) and other documentary requirements.	NONE	1 Day	Training Specialist-IV and ICD-10 secretariat
NONE	6. 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	7. 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 Coding, pay the course fee	8. Receive course payment and issue O.R. 10. Conduct the Certificate Course on ICD-10 Coding	P10,000 (includes training fee, meals for 5 days, training materials, and certificates)	5 Days (actual conduct of the course)	ICD-10 Team and Speakers
<b>TOTAL</b>		<b>P10,000.00</b>	<b>17 Days and 3 Minutes</b>	

# **E. Fund Management Sector (FMS)**

## **I. Comptrollership**

### 35. SECURING ORDER OF PAYMENT

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

<b>Office:</b>	Corporate Accounting Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B,G2G			
<b>Who May Avail:</b>	Bidders, Philhealth Employees, Business Entities			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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		
<b>TOTAL</b>		<b>None</b>	<b>5 minutes</b>	

### 36. 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

<b>Office:</b>	Corporate Accounting Section			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G (Internal and External)			
<b>Who May Avail:</b>	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	1 Fiscal Controller IV - Corporate Accounting Section 2 Fiscal Controller III - General Accounting Unit 4 Fiscal Controller II - General Accounting Unit 2 Fiscal Examiner A - General Accounting Unit 2 Fiscal Controller 1 -General Accounting Unit
<b>TOTAL</b>		<b>None</b>	<b>20 days after the ensuing month</b>	

### 37. 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.

<b>Office:</b>	Disbursement Administration Section (DAS)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	External and Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log in to FARU	1. DAS will receive the documents from the Budget Administration Section and pre-audit the transaction.	NONE	1.5 working days for simple transactions; 3 working days 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				
<b>TOTAL</b>			<b>1.5 working days for simple transactions; 3 working days for complex transactions</b>	

### 38. 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).

<b>Office:</b>	Fiscal Management Division (FMD), Comptrollership Department			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G,			
<b>Who May Avail:</b>	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	None	5 days	MMG, CorPlan And FMD-Comptrollership Staff
	b. Prepare transmittal letter to DBM		5 days	
	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)		1 day	
a. Revision of DBM Forms based on adjustments	Revision of DBM Forms based on adjustments		5 days	
b. Forward documents to OP for signature and submit to DBM	Facilitate the approval			
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	
<b>TOTAL:</b>		<b>None</b>	<b>20 days</b>	

## **E. Fund Management Sector (FMS)**

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

### 39. ISSUANCE OF FINANCIAL REPORTS

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

<b>Office:</b>	Managerial Finance Section			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Other Government/Oversight Agencies/Congress, All PhilHealth Cost Center			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter or Email Request: 1 Original/Soft Copies		Requesting Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>		<b>None</b>	<b>1 - 3 working days</b>	

# **E. Fund Management Sector (FMS)**

## **III. Treasury Department**

<b>10. ACCREDITATION OF COLLECTING AGENTS</b>	
Processing of PhilHealth Accredited Collecting Agents Application	
<b>Office</b>	AGENTS RELATION UNIT ACCREDITATION TEAM, TREASURY DEPARTMENT
<b>Classification</b>	Simple
<b>Type of Transaction</b>	G2G - Government to Government; G2B - Government to Business
<b>Who May Avail</b>	Banks and Non-banks; Government and Private Entities
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
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/photocopy, 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 requirements)		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
	<b>TOTAL</b>	<b>None</b>	<b>30 minutes</b>	

#### 41. DISTRIBUTION OF PHILHEALTH AGENTS RECEIPT (PAR)

Issuance of PAR to Accredited Collecting Agent (ACA)

<b>Office</b>	Data Management and Systems Monitoring Unit (DMSMU), Accreditation Team, Treasury Department			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2B & G2G			
<b>Who May Avail</b>	Accredited Collecting Agent			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Document 1 Requisition and Issue Slip(RIS) ( One (1) Signed Copy)		-DMSMU, Accreditation Team, Treasury Department		
Document 2 Invoice and Receipt of Accountable Form (IRAF) (Two (2) Original Copies)		-DMSMU, Accreditation Team, Treasury Department		
Documents 3 Authorization letter and valid (government or Company) ID for liaison officer ( One (1) Signed Copy)		- Accredited Collecting Agent (ACA)		
Document 4 Authority to Release and Gate Pass (3 Signed Copies)		-DMSMU, Accreditation Team, Treasury Department		
<b>CLIENT'S STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
	<b>TOTAL</b>		<b>2 hours and 45 minutes</b>	

## 42. 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

<b>Office</b>	Standards, Enforcement and Reconciliation (SERU), Accreditation Team, Treasury Department			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2B & G2G			
<b>Who May Avail</b>	Accredited Collecting Agents			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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 Report System (ECRS). (1 copy, original copy)		SERU, Accreditation Team		
<b>CLIENT'S STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Accredited Collecting Agents				

1. Submit Proof of Remittance and RF2a to SERU.	1. Verify ACAs remittance if credited in the assigned PhilHealth Authorized Government Depository Bank (AGDB).	NONE	30 minutes	SERU Team Heads, Fiscal Controller II, SERU, Accreditation Team
	2. 2. Prepare final Validated ACAs Remittance Report		30 minutes	SERU Team Heads, Fiscal Controller II, SERU, Accreditation Team
	3. Review and sign the report		15 minutes	Fiscal Controller II, SERU/Fiscal Controller III, Accreditation Team
2. Upload RF2 text file in ECRS.	4. Check RF2a and RF2 text file 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
<b>TOTAL</b>			<b>3 hours and 40 minutes</b>	

<b>13. REMITTANCES</b>				
Acknowledgement of Receipt of PhilHealth Accredited Collecting Agents (ACAs) Remittances				
<b>Office:</b>	Treasury Department, Cash Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Over-the-Counter Remittances of Accredited Collecting Agents (ACAs)			
<b>Who May Avail:</b>	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  1 Manager's check - duly signed and complete details, correct amount in words and figures 1 Original copy of ACAs Remittance Report (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.  Print, check the correctness of details and sign the PhilHealth Official Receipt and hand it over to the paying ACA.	None	10 minutes	Collecting Officer of Cash Division, Treasury Department

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
<b>TOTAL</b>			<b>20 minutes</b>	

#### 44. PAYMENT OF APPROVED DISBURSEMENT VOUCHERS

##### Check Releasing

<b>Office:</b>	Treasury Department, Cash Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Releasing of checks to payees of approved disbursement vouchers			
<b>Who May Avail:</b>	G2B – Business Entity for suppliers G2G – Another Government Agency, PhilHealth Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>G2B - Suppliers</b>				

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	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	
<b>G2G - Government Agency</b>				
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	
<b>G2G - Government Employee</b>				
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	
<b>G2G - Government Employee's Representative</b>				
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	
<b>TOTAL</b>			<b>20 minutes</b>	

#### 15. 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

<b>Office:</b>	Treasury Department, Investments Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	Accreditation of Counterparty Bank/Institution for Government Securities Transactions in the Secondary Market
<b>Who May Avail:</b>	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)	

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>		<b>None</b>	<b>11 days and 30 minutes</b>	

# **F. Health Finance Policy Sector (HFPS)**

## **I. Accreditation Department**

<b>46. RECEIVING AND PROCESSING OF DATA AMENDMENT REQUEST FORM (DARF) IN THE INTEGRATED PHILHEALTH ACCREDITATION SYSTEM (IPAS)</b>				
Process in managing Accreditation database				
<b>Office:</b>	Accreditation Compliance Review Division Accreditation Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B			
<b>Who May Avail:</b>	PhilHealth Regional Offices			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The PRO send DARF with supporting documents to Accreditation Dept (AD) to post in the iPAS the recommended amendment/changes in the health care providers records	1. Evaluate the received DARF and supporting documents if compliant to existing policy	None	1 day	ACRD-Database Technical personnel
	2. Post in the iPAS the requested amendment	None	1 day	ACRD-Database Technical personnel
	3. The technical staff who execute the posting in the iPAS signs the DAF	None		ACRD-Database Technical personnel
	4. The immediate supervisor reviews the correctness of the iPAS posting executed by the technical staff	None		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		ACRD-Database Section Head
	6. Feedback the concerned PRO through email on the completion of request	None	1 day	ACRD-Database Technical personnel
	<b>TOTAL</b>	<b>None</b>	<b>3 days</b>	

<b>47. RECEIVING AND PROCESSING OF DATA AMENDMENT REQUEST FORM (DARF) IN THE INTEGRATED PHILHEALTH ACCREDITATION SYSTEM (IPAS)</b>				
Process in managing Accreditation database				
<b>Office:</b>	Accreditation Compliance Review Division_Accreditation Department			
<b>Classification:</b>	simple			
<b>Type of Transaction:</b>	G2B			
<b>Who May Avail:</b>	<i>Other offices (if applicable)</i>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	1. Evaluates the received documents and prepares DARF	None	1 day	ACRD-Database Technical personnel
2. DOH sends to AD copy of letter to health care institutions with cease and desist order, preventive suspension and lifting order	2. Posts in the iPAS the amendment in the health care providers profile	None	1 day	ACRD-Database Technical personnel

	3. The technical staff who execute the posting in the iPAS signs the DARF	None		ACRD-Database Technical personnel
	4. The immediate supervisor reviews the correctness of the iPAS posting executed by the technical staff	None		ACRD-Database Section Head
	5. The immediate supervisor signs the DARF if correct. If not the technical staff will post necessary changes and signs for correction.	None		ACRD-Database Section Head
	6. Feedback the concerned PRO through email on the completion of posing	None	1 day	ACRD-Database Technical personnel
	<b>TOTAL</b>	<b>None</b>	<b>3 days</b>	

<b>48. RECEIVING AND PROCESSING OF DATA AMENDMENT REQUEST FORM (DARF) IN THE INTEGRATED PHILHEALTH ACCREDITATION SYSTEM (IPAS)</b>				
Process in managing Accreditation database				
<b>Office:</b>	Accreditation Compliance Review Division_Accreditation Department			
<b>Classification:</b>	simple			
<b>Type of Transaction:</b>	G2B			
<b>Who May Avail:</b>	Philhealth Regional Offices			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<i>1. New health care institutions contracted as providers of Z benefit packages</i>	1. Evaluates the received documents and prepares DARF	None	1 day	ACRD-Database Technical personnel
	2. Posts in the iPAS the amendment in the health care providers profile	None	1 day	ACRD-Database Technical personnel
	3. The technical staff who execute the posting in the iPAS signs the DARF	None		ACRD-Database Technical personnel
	4. The immediate supervisor reviews the correctness of the iPAS posting executed by the technical staff	None		ACRD-Database Section Head
	5. The immediate supervisor signs the DARF if correct. If not the technical staff will post necessary changes and signs for correction.	None		ACRD-Database Section Head

	6. Feedback the concerned PRO through email on the completion of posing	None	1 day	ACRD-Database Technical personnel
	<b>TOTAL</b>	<b>None</b>	<b>3 days</b>	

#### 19. MANAGEMENT OF INTEGRATED PHILHEALTH ACCREDITATION SYSTEM (IPAS)

Process in managing Accreditation database

<b>Office:</b>	Accreditation Compliance Review Division Accreditation Department
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B
<b>Who May Avail:</b>	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	
	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	
	6. Conduct of follow up testing until final testing.	None	3 days	

	7. Signing of User Acceptance Form (UAF) once reviewed.	None	1 day	
	8. Wait for feedback on the successful system deployment.	None	3 days	
	<b>TOTAL</b>	<b>None</b>	<b>20 days</b>	

### 50. RECEIVING AND PROCESSING OF CONTRACTS OF HCIS AS Z BENEFIT PACKAGE PROVIDERS

Managing Contracts of HCIs as Z benefit package providers

<b>Office:</b>	Accreditation Policy Research Development Division Accreditation Department
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B
<b>Who May Avail:</b>	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	
	3. AD drafts contract for Internal Legal Department clearance (as applicable)	None	2 days	
	4. AD facilitates forwarding of the contract with clearance to concerned PRO for HCI signature	None	1 day	

	5. AD receives the contracts with HCIs signature and forward to the office of OPCEO for signature and approval	None	1 day	
	6. AD tags the approved contracts on the accreditation database	None	1 day	
	7. AD facilitates the notarization of the approved contract	None	1 day	
	8. AD prepare transmittal of notarized contract to the concerned HCI and appropriate office	None	1 day	
	9. Contracts mailed to concerned PROs	None	1 day	
	<b>TOTAL</b>	<b>None</b>	<b>12 days</b>	

### 51. INQUIRIES FROM INTERNAL/EXTERNAL STAKEHOLDERS THRU EMAIL/MAIL

Action on Inquiries received by the office through email

<b>Office:</b>	Office of the Manager-Accreditation Department			
<b>Classification:</b>	Simple *			
<b>Type of Transaction:</b>	G2B, G2C, G2G			
<b>Who May Avail:</b>	Health Care Providers, Government Agencies, LGUs, Members and other partners			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	10 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	10 minutes	AD Office of the Manager-Secretary
	4. Prepare the response to inquiry	None	1 hour	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	1 hour	APRDD/ACRD-Clerk/Technical Staff
	7. Route to OSM for approval	None	10 minutes	AD Office of the Manager-Secretary
	8. SM approved/signed response	None	30 minutes	AD Office of the Manager-Senior Manager
	9. Response shall be emailed/mailed to client	None	20 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
	<b>TOTAL</b>	<b>None</b>	<b>4 hours</b>	
<i>*= Status of accreditation, appeals, motion for reconsideration</i>				

## 52. INQUIRIES FROM INTERNAL/EXTERNAL STAKEHOLDERS THRU EMAIL/MAIL

Action on Inquiries received by the office through email

<b>Office:</b>	Accreditation Department			
<b>Classification:</b>	Complex *			
<b>Type of Transaction:</b>	G2B, G2C, G2G			
<b>Who May Avail:</b>	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	10 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	10 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	3 days	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	2 hours	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	10 minutes	AD Office of the Manager-Secretary
	9. SM approved/signed response	None	30 minutes	AD Office of the Manager-Senior Manager
	10. Response shall be emailed/mailed to client	None	20 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
	<b>TOTAL:</b>	<b>None</b>	<b>4 days, 4 hours, 30 minutes</b>	

\*= Concerns including other offices

### 53. INQUIRIES FROM INTERNAL/EXTERNAL STAKEHOLDERS THRU EMAIL/MAIL

Action on Inquiries received by the office through email

<b>Office:</b>	Accreditation Department			
<b>Classification:</b>	Highly Technical *			
<b>Type of Transaction:</b>	G2B, G2C, G2G			
<b>Who May Avail:</b>	Health Care Providers, Government Agencies, LGUs, Members and other partners			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			None	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	10 minutes	AD Office of the Manager-Senior Manager
	3. Route to concerned staff	None	10 minutes	AD Office of the Manager-Secretary
	4. Coordinate with other offices/personnel in relation to the inquiry	None	3 days	APRDD/ACRD-Technical personnel

	5. Conduct meetings in relation to the inquiry	None	2 days	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	1 hour	AD Office of the Manager-Secretary
	10. SM approved/signed response	None	30 minutes	AD Office of the Manager-Senior Manager
	11. Response shall be emailed/mailed to client	None	20 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
	<b>TOTAL</b>		<b>10 days, 2 hours, 20 minutes</b>	
<i>*= Appeals, motion for reconsideration, contracts, plans and budget</i>				

# **F. Health Finance Policy Sector (HFPS)**

## **II. Office of the Senior Vice President-HFPS**

#### 54. INQUIRIES FROM INTERNAL/EXTERNAL STAKEHOLDERS THRU EMAIL/MAIL

Action on Inquiries received by the office through email

<b>Office:</b>	Office of the Senior Vice President			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			NONE	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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		
	<b>TOTAL</b>		<b>7 days</b>	

## **F. Health Finance Policy Sector (HFPS)**

### **III. PhilHealth Cares Management Office (PCMO)**

<b>55. CUSTOMER ASSISTANCE</b>				
Customer Assistance (Check Member's Eligibility, Issue pertinent forms)				
<b>Office:</b>	PhilHealth CARES			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C-Government to Client			
<b>Who May Avail:</b>	Clients within the Hospital			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Client Identification/ information		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>		None	<b>3-12 minutes</b>	

## 56. CONDUCT OF PHILHEALTH PATIENT EXIT SURVEY

Conduct of PhilHealth Patient Exit Survey

<b>Office:</b>	PhilHealth CARES
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C-Government to Client
<b>Who May Avail:</b>	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
<b>TOTAL:</b>		None	<b>6-12 minutes</b>	

# **F. Health Finance Policy Sector (HFPS)**

## **IV. PhilHealth Malasakit Center**

### 57. PHILHEALTH- MALASAKIT CENTER CUSTOMER ASSISTANCE

Check Member's Eligibility and Issue pertinent forms

<b>Office:</b>	PhilHealth Malasakit Center
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Government to Client
<b>Who May Avail:</b>	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
<b>TOTAL:</b>			<b>3-12 minutes</b>	

## **G. Information Management Sector (IMS)**

### **I. Information Technology Management Department (ITMD)**

#### **a. Information System Management Division (ISMD)**

### 58. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government
<b>Who May Avail:</b>	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 Validation 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 the 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	None	12 working days	PRO IT UPECS-EMR Team RVP ITMD Heads

	Compliance to authorized signatories 4.4 Register HCI in the Database.			CIO PCEO
<b>TOTAL:</b>		<b>None</b>	<b>20 working days</b>	

### 59. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government
<b>Who May Avail:</b>	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
<b>TOTAL</b>		<b>None</b>	<b>59 working days</b>	

## 50. 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 repeated until completion of the Project.

<b>Office/Division:</b>	IT Management Department - IS Management Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government
<b>Who May Avail:</b>	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.	None	5 working days	Scrum Team

	<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>			
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	<p>4.1. Conduct the Daily Scrum.</p> <p>4.2. Conduct the Sprint Review.</p> <p>4.3. Endorse the developed application for user acceptance test and security assessment compliance.</p> <p>4.4. Update the Project Journal.</p>	None	10 working days from project start date	Scrum Team ISMD
5. Submit the completely signed System Acceptance Form (SAF).	<p>5.1. Prepare for the deployment documentations.</p> <p>5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department.</p> <p>5.3. Conduct Sprint Retrospective.</p> <p>5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test</p>	None	5 working days	Scrum Team ISMD
Repeat processes from 2-5 until all project deliverables has been completed.				
<b>TOTAL</b>		<b>None</b>	<b>31 working days per project iteration</b>	

### 51. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business and G2G - Government to Government
<b>Who May Avail:</b>	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
<b>TOTAL</b>		<b>6 working days (simple)</b> <b>10 working days (moderate)</b> <b>22 working days (complex)</b>		

## 52. SYSTEM INTEGRATION AND DATA SHARING SERVICES

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

<b>Office/Division:</b>	IT Management Department - IS Management Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government
<b>Who May Avail:</b>	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.	None	5 working days	Division Chief of the IS Management Division

	1.7. Assign a Scrum Team to handle approved request.			
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 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.	None	5 working days	Scrum Team

	5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test			
Repeat processes from 2-5 until all project deliverables has been completed.				
<b>TOTAL</b>			<b>31 working days</b>	

# **G. Information Management Sector (IMS)**

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

### 63. FACILITATION OF IT RELATED CONCERNS FROM OTHER PHILIPPINE GOVERNMENT AGENCIES OR EXTERNAL STAKEHOLDERS

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.

<b>Office/Division:</b>	Project Management Office – PhilHealth Identity Management System (PMO-PIMS)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G – Government to Government, G2B - Government to Business			
<b>Who may avail:</b>	External Agencies / External Offices			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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 minutes	Administrative Receiving Officer
	1.2 Evaluate and process the request letter	None	20 minutes	Senior Manager 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	SIA I and SIO II
	1.5 Prepare response letter	None	1 day	SIA I and SIO II
2. Receive response letter				
<b>TOTAL:</b>		<b>None</b>	<b>5 Days and 30 Minutes</b>	

## **H. Legal Sector**

### **I. Fact-Finding Investigation and Enforcement Department (FFIED)**

#### 64. 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.

<b>Office</b>		FACT-FINDING, INVESTIGATION, AND ENFORCEMENT DEPARTMENT		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who May Avail:</b>		Accreditation Committee- PRO and Accreditation Department		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter Request (Single Transaction)		Accreditation Department/Committee Personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Forward Letter – Request to FFIED	1.1. Receipt and recording of the request in the department’s transaction recording system	None	1 day	Administrative Personnel
	1.2. Evaluate request 1.3. Endorse to appropriate Section to facilitate request	None	1 hour	Department Manager
	1.4. Look into the database 1.5. Prepare the certification letter 1.6. Seek approval from the Department Manager	None	7 days (depending on the complexity of the request)	Administrative Personnel
	1.7. Endorse to requesting office	None	3 hours	Administrative Personnel
	<b>TOTAL</b>	<b>None</b>	<b>8 days, 4 hours</b>	

## 65. PROCESSING OF COMPLAINTS FROM WALK-IN CLIENTS

Attending to the complaints filed by walk-in clients by FFIED

<b>Office</b>	FACT-FINDING, INVESTIGATION, AND ENFORCEMENT DEPARTMENT Investigation and Enforcement Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C – Government to Client			
<b>Who May Avail:</b>	Any Individual			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Not Applicable	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Coordinate with the department receiving personnel	1.1 Receiving personnel to attend to client 2.1 Coordinate with an Investigator who would assist the complainant	None	10 minutes	Administrative Personnel
	3.1 Prepare documents necessary in the interview (i.e. Domiciliary Visit Undertaking or Salaysay)		30 minutes	Investigator
Discuss/detail the circumstances  3. Provide documents being required of, if available	4.1 Conduct the interview on the client 4.1.1 Record the discussion in the Salaysay 5.1 Finalize the discussion with the client 5.1.1 Secure approval by signing the Salaysay 5.1.2 Secure certified true copies of documents to substantiate the complaint		4 hours	Investigator
	6.1 Record the transaction with client and receipt of documents			
	7.1 Evaluate the report and recommend the conduct of fact-finding investigation		2 hours	Investigator
	<b>TOTAL</b>	<b>None</b>	<b>6 hours, 4 minutes</b>	

## **H. Legal Sector**

### **II. Protest and Appeals Review Department (PARD)**

## 66. RESOLUTION OF APPEALS ON DENIED OR REDUCED BENEFIT CLAIMS FILED BY THE MEMBER OR HOSPITAL AS APPELLANT.

Within 15 days from receipt of the order of the PRO denying the Administrative Protest of an aggrieved health care provider or member, any party may file a letter-appeal with the PARD with proof of payment of the requisite appeal fee. The PARD may grant or deny an appeal based on the evidence and/or proof submitted by the appellant. The PARD shall resolve the appeals, as far as practicable, within a period of sixty (60) days from receipt of the appeal, citing the facts and the law or rules on which the same is based. The resolution of the PARD shall be final and executory.

<b>Office:</b>	Protests and Appeals Review Department (PARD)		
<b>Classification:</b>	Highly Technical		
<b>Type of Transaction:</b>	G2C - services whose clients is the transacting public; G2G - Government to another agency, employee or official		
<b>Who May Avail:</b>	PhilHealth member and Healthcare Provider availing the benefit claim		
CHECKLIST OF REQUIREMENTS		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 Member and/or Hospital appellant	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.

	8. Government Issued Identification Card of the member and/or dependent (1 certified photocopy)			9. Healthcare Provider, other government institutions
	9. Other pertinent medical and legal documents as may be required			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 Receive the appeal on denied claim and check the required documents for completeness.	None (under the new rules-PROAC, appeal fee shall be required)	Within a period of sixty (60) days, as far as practicable, under the PhilHealth Rules on Administrative Cases (PROAC) Rule XVII Section 108.	Receiving Clerk - Admin Support Section
	1.2 Assign docket number and encode to the database of PARD			ASA C - Admin Support Section
	1.3 Forward appeal with supporting documents to Medical Division for medical evaluation and Legal Division for review and drafting of resolution. Prepare transmittal.			ASA C/AO II/SIS - Admin Support Section
	1.4 Receive, encode and assign of appealed claim to Medical Officers			ASA C - Medical Review Division
	1.5 Evaluation/Assessment of the merits of each appealed claim			Medical Specialists - Medical Review Division
	1.6 Prepare and issue Letter of Deficiency, if additional medical record is needed to support the claim			ASA C - Medical Review Division
	1.7 Prepare the Medical Evaluation Report with recommendation			Medical Specialists - Medical Review Division
	1.8 Approval of the Medical Evaluation Report			Division Chief, Medical Review Division

	1.9 Forward appeal with medical evaluation report and supporting documents to Legal Division for legal review and drafting of Resolution. Prepare the transmittal.			ASA C - Medical Review Division
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.	1.10 Receive, encode, update database and assign of appealed claim to Attorney V/Legal Researchers	None	Within a period of sixty (60) days as far as practicable, under the PhilHealth Rules on Administrative Cases (PROAC) Rule XVII Section 108. Section 108.	Clerk III - Legal Support Division
	1.11 Legal review, prepare and drafting of recommended Resolution			Legal Researchers - Legal Support Division
	1.12 Review and recommend approval of the draft Resolution to the SM			Division Chief - Legal Support Division
	1.13 Forward draft Resolution with recommendation to the Senior Manager for final review and approval of recommended Resolution. Prepare transmittal			Clerk III - Legal Support Division
	1.14 Receive, encode to database and forward to Senior Manager for review, comment and approval			ASA C - Admin Support Section
	1.15 Review/approval of the Senior Manager (includes revision/return to Legal Division)			Senior Manager - PARD
	1.16 For signature by authorized signatories of the Final Resolution			Division Chief for LSD, Division Chief for MRD & Senior Manager - PARD
	1.17 Forward duly signed Resolution to the Releasing for mailing to the concerned parties. Encode and prepare transmittal			ASA C - Admin Support Section
	1.18 Update PARD database as to the status of the appealed claims			ASA C - Admin Support Section
	<b>TOTAL:</b>			<b>60 days, as far as practicable</b>

## **H. Legal Sector**

### **III. Prosecution Department (PROSEC)**

## 67. CERTIFICATION ON PENDING/ ONGOING ADMINISTRATIVE COMPLAINTS AGAINST HEALTH CARE PROVIDERS (HCPS) AND MEMBERS

This is issued to the requesting party on a per request basis

<b>Office:</b>	Prosecution Department			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction</b>	G2B/G2G			
<b>Who May Avail</b>	PhilHealth Regional Offices and Other Government Entity such as NBI, COA, other agencies and concerned institutional and professional health care providers			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter Request stating its purpose			Requesting office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter request to the Receiving staff/ Personnel	1. Stamp "received" with date the receiving copy of the requesting office	None	1 day	Receiving staff/ personnel of the department
	1.1 Refer the request to the Head of the Department for approval	None	1 day	Receiving staff/ personnel
	1.2 Instruct the Admin staff/ personnel to validate/ check and prepare the certification	None	1-2 working days	Head of the department
	1.3 Prepare the Certification and have it signed by the Head Office	None	1-7 working days (depending on the frequency of request and nature of request)	Admin staff/ personnel
	1.4 Upon signing, send the Certification to the requesting office either by personal service, email or mail	None	1-3 working days	Admin staff/ personnel
<b>TOTAL</b>		<b>NONE</b>	<b>14 days</b>	

# I. Member Management Group (MMG)

## 68. HANDLING OF INQUIRIES: POLICY GUIDELINES ON MEMBERSHIP, CONTRIBUTION AND BENEFIT AVAILMENT AND CLAIMS CONCERNS

This service provides for the official Reply / Resolutions / Clarifications / Recommendations regarding inquiries pertaining to policies and guidelines concerning Membership, Contribution, and Benefit Availment.

<b>Office/Division:</b>	Member Management Group (All Departments)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G– Government to Government; G2C- Government to Citizen G2B- Government to Business Entity			
<b>Who may avail:</b>	Concerned Internal / External CLIENTS of the Member Management Group: e.g., Members; Employers; Hospitals; or Other Government Agencies			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Copy of documents for evaluation (Letter, Memo, Issuances and/or policies, reports and other correspondences.			Concerned offices (internal and external clients)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Endorsement of documents to the OVP-MMG for appropriate action	1.1. Receives and logs the documents <i>to the tracking system</i> containing the inquiry.	None	1 working day	Social Insurance Assistant I; Executive Assistant; OVP, MMG
	1.2. Evaluate to whom the inquiry will be endorsed for appropriate action by the concerned Segment.			
	1.3. Endorse to concerned <i>Office</i> .			
	1.4. <i>Office of the Senior Manager receives/evaluate and endorse to concerned segment for appropriate action.</i>		5 working days	<i>Social Insurance Assistant I, Admin Staff of Senior Manager, Senior Manager</i>
	1.5. Concerned Segment receives and logs the endorsed document.			
	1.6. Assignment to concerned Segment head/staff for appropriate action.			

	1.7. Segment head/staff performs CSW and prepares draft reply memos and/or recommendations.			<i>Social Insurance Assistant I, Segment Head, Senior Manager, Admin Staff</i>
	1.8. <i>Segment Head endorse back to Senior Manager for comments/inputs/approval.</i>			
	1.9. <i>Senior Manager endorse back to the OVP-MMG for approval of signing of the documents.</i>			
	1.10. Review and approval by the Vice President		1 working day	Social Insurance Assistant I; Executive Assistant; Vice President of the OVP, MMG
2. Receives the Reply / Resolutions / Clarifications / Recommendations.	1.11. Once signed off by the Vice President, immediate endorsement to concerned stakeholders/ <i>departments/PROs.</i>			
<b>TOTAL</b>		<b>None</b>	<b>7 working days</b>	

### 69. 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)

<b>Office/Division:</b>	Member Management Group (OFF)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen; G2B- Government to Business Entity			
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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)  <u>Additional requirements if through representative:</u> 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  <u>Additional requirements if through representative:</u> 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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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; OFF Supervisor
	1.2 Endorse the documents to the concerned PRO.			
	1.3 Checks for the correctness of the data.			
	1.4 Issue the Member Data Record.			

<p>Make sure to secure a copy of the MDR.</p>			<p>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)</p>	
<p><b>TOTAL</b></p>		<p><b>NONE</b></p>	<p><b>5 minutes (walk-in); 7 days if under PRO jurisdiction</b></p>	

## 70. AMENDMENT OF MEMBER DATA RECORD (WALK-IN AND THROUGH E-MAIL)

This service allows amendment of member's data information.

<b>Office/Division:</b>	Member Management Group (OFP)
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Government to Citizen; G2B- Government to Business Entity
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<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>	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  <u>Additional requirements if through representative:</u> 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
(Walk-in) 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	
Check correctness of data.			Email 1-3 days (depends on the number of e-mails received)	
Make sure to secure a copy of the MDR.				
<b>TOTAL</b>		<b>NONE</b>	<b>10 mins for walk-in 1-3 days (depends on the number of e-mails received for email)</b>	

## 71. ENROLMENT PROCEDURES (WALK-IN AND THROUGH E-MAIL)

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

<b>Office/Division:</b>	Member Management Group (OFP)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Land-based Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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)  <u>*Additional requirements if through representative</u> 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 <u>*Additional requirements if through representative</u> 1 scanned copy of Authorization letter from member 1 scanned copy of valid ID of representative		Through e-mail		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
(Walk-in) Present a copy of any valid ID of the member and any proof of income. If through a representative, the representative shall submit	(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

authorization letter and a photo copy of the member's valid ID.	1.2. Assigned staff shall provide premium contribution for OFWs.	Computed Premium contribution for OFWs (if with premium payment)	5 minutes	
Member shall pay computed premium contribution at any accredited collecting agents.				
(E-mail) 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.		Email 1-3 days (depends on the number of e-mails received)	
4. Member shall pay computed premium contribution at any accredited collecting agents.	3.2. Assigned staff shall provide premium contribution for OFWs.			
<b>TOTAL</b>		<b>None (if registration only)</b>  <b>Computed Premium contribution for OFWs (if with premium payment)</b>	<b>10 mins for walk-in 1-3 days (depends on the number of e-mails received for email)</b>	

## 72. 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 REQUIREMENTS			WHERE TO SECURE	
1 original copy of transaction slip			Walk-in	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
(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.			
(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.	None	Walk-in 3-10 minutes per client	
	Walk-in			

	3-10 minutes per client			
(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.			
<b>TOTAL</b>		<b>None</b>	<b>3 days (email); 3-10 minutes (walk-in/ phone)</b>	

### 73. ISSUANCE OF PHILHEALTH ID (WALK-IN)

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

<b>Office/Division:</b>	Member Management Group (OFP)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
(Walk-in) 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
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	
Make sure to secure a copy of the PhilHealth ID issued.			3 minutes per transaction	
<b>TOTAL</b>		<b>None</b>	<b>5 mins</b>	

#### 74. 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.

<b>Office/Division:</b>	Member Management Group (OFP)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C- Government to Citizen G2B- Government to Business Entity	
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
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.		Email 1-3 days (depends on the number of e-mails received)	
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.			
<b>TOTAL:</b>		<b>None</b>	<b>5 mins for walk-in 1-3 days (depends on the number of e-mails received for email)</b>	

### 75. PIN VERIFICATION (WALK-IN AND THROUGH E-MAIL)

This service allows verification of PhilHealth Identification Number necessary for PhilHealth transactions.

<b>Office/Division:</b>	Member Management Group (OPF)
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2C- Government to Citizen
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship
<b>CHECKLIST OF REQUIREMENTS</b>	
<p>1 Original copy of Transaction Slip At least 1 original copy of valid ID of member (to be presented)</p> <p><u>*Additional requirements if through representative:</u>            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)</p>	<b>WHERE TO SECURE</b>
<p>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</p> <p><u>*Additional requirements if through representative:</u>            1 Scanned copy of Authorization letter from member            At least 1 scanned copy of valid ID of representative</p>	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 minutes 2	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. 3.2. Assigned staff shall provide PIN to the client.		Email 1-3 days (depends on the number of e-mails received)	
<b>TOTAL</b>		<b>None</b>	<b>5 mins for walk-in 1-3 days for email</b>	

**76. POSTING OF PREMIUM CONTRIBUTION (WALK-IN AND THROUGH E-MAIL)**

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

<b>Office/Division:</b>	Member Management Group (OFP)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen			
<b>Who may avail:</b>	Land based Migrant Workers; Filipinos Living Abroad			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	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.			
			7 days (if not	

2. Make sure to check the correctness of payment information upon receipt of the Member Data Record.			yet posted in the Treasury Database- for verification	
<b>TOTAL</b>		<b>None</b>	<b>7 days (if not yet posted in the Treasury Database)</b>	

### 77. RECEIVING AND ENDORSEMENT OF OVERSEAS CONFINEMENT CLAIMS (FILED THROUGH E-MAIL)

This service receives and facilitate filing of overseas confinement claims.

<b>Office/Division:</b>	Member Management Group (OFP)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen; G2B- Government to Business Entity			
<b>Who may avail:</b>	Migrant Workers; Filipinos Living Abroad and Filipinos with Dual Citizenship			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.				
<b>TOTAL</b>		<b>None</b>	<b>7 days</b>	

## 78. DATA VALIDATION AND PIN ASSIGNMENT OF BENEFIT CLAIMS FOR PROCESSING AND PAYMENT OF SARS COV-2 RT- PCR TESTING CONDUCTED BY PHILIPPINE RED CROSS

The Overseas Filipinos Program shall receive and process the benefit claims from the PRC for SARS-CoV-2 RT- PCR Testing prior to endorsement for payment.

<b>Office/Division</b>	Direct Contributor: Overseas Filipinos Program (OFP)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2B; Government to Business			
<b>Who may avail:</b>	Philippine Red Cross and its Accredited Testing Laboratories			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Request for reimbursement (RfR) Line List with certification (e-signature) Case Information Forms (CIFs)			Philippine Red Cross and its Accredited Testing Laboratories	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1.The PRC shall file to PhilHealth its claims for the testing for SARS-CoV-2 by RT-PCR within 60 calendar days from the date of specimen collection. The following shall be the claims requirements: Request for reimbursement (RfR), Line List with certification (e-signature), and Case Information Forms (CIFs).	1.Receive from the PRC in hard copy and thru email the claims requirements, verify completeness of the Line List and its corresponding CIFs against the RfR, search and download the CIFs based on the names listed in the Line List (Excel file) from the PRC remote database, and finally, issue certification on the completeness of documents.	None	Within the day of receipt of claims requirements	Receiving Staff
2.None	2.Conduct data mapping to check if the names in the Line List already have existing PhilHealth Identification Number (PIN).	None	Within the day of receipt of claims requirements	Data Validator
3.None	3.Conduct manual validation of complete Five Data Fields (Last name, First name, Middle name, Sex and Date of birth).	None	Within three (3) days upon receipt of claims requirements	Data Validator
4.None	4.Conduct Quick PIN Assignment and Generation.	None	Within three (3) days upon receipt	Data Controller

			of claims requirements	
5.None	5.Endorse claims documents for payment, as applicable.	None	Within three (3) days upon receipt of claims requirements	Data Adjudicator
6.None	6.Upload paid Line List to the Paid Claims Library.	None	Within three (3)days upon receipt of claims requirements	Data Adjudicator
7.The PRC shall receive from PhilHealth deficient claims for compliance.	7.Prepare deficient claims and return the same to the PRC for compliance.	None	Within three(3) days upon receipt of claims requirements	Data Adjudicator
8.The PRC shall submit to PhilHealth all rectified claims that were previously returned due to deficiencies.	8.Receive Return-to-Sender (RTS) claims.	None	Within the day of receipt of RTS claims	Receiving Staff
9.None	9.Verify compliance of RTS claims.	None	Within three (3)days upon receipt of RTS claims	Data Adjudicator
10.None	10.Endorse RTS claims documents for payment, as applicable.	None	Within three(3) days upon receipt of RTS claims	Data Adjudicator
11.None	11.Upload paid RTS Line List to the Paid Claims Library.	None	Within three (3) days upon receipt of RTS claims	Data Adjudicator
<b>TOTAL</b>		<b>None</b>	<b>27 days</b>	

# **J. Office of the President (OP)**

## **I. Corporate Planning (CorPlan)**

**79. PROCESSING OF EXTERNAL DATA REQUESTS (SIMPLE)**

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) and shall be processed within three (3) working days;
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 shall be processed within seven (7) working days; and
3. Highly technical transactions – requests that require technical analysis or cross-tabulations and database extractions (e.g. data for research) shall be processed within twenty (20) working days.

<b>Office:</b>	Corporate Planning Department (CorPlan)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business	
<b>Who May Avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Formal Letter or Accomplished Data Request Form / DRF (One original copy) containing the following:		PhilHealth Website <i>(Note for ARTA Comm: Form for uploading: Annex C of CO No.2020-0053)</i>
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 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)
	Checking of letter/DRF as to completeness of necessary details in order to properly process the request	None	1 Hour	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	1 Hour	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	1 Hour	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	1 Hour	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	1 Hour	Planning Officer (Knowledge Resource Unit)
	Review and classify the request per internal guidelines (e.g. restricted, confidential, with Personally-Identifiable Information/PII, etc.)	None	1 Hour	Planning Officer (Knowledge Resource Unit)
	Identify the source of the requested information (e.g. SharePoint/PhilHealth Corporate Dashboard (PCD), Database)			

	Locate, retrieve, and/or extract the required information			
	Properly document, record, and monitor the request, including turn-around-time			
	If with Data Privacy Concerns, endorse the request to the Data Protection Officer (DPO) for evaluation.			
	If without any Data Privacy concerns, endorse the request to concerned offices (e.g. Task Force Informatics)			
	Concerned office (e.g. Task Force Informatics, Sectors concerned) provides/extracts the data requested	None	1 Day	Data Analyst (Task Force Informatics / Office concerned)
	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)
	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 Hour	Planning Officer (Knowledge Resource Unit)

	Determine applicable fees based on pricing guidelines, if any:	None	1 Hour	Planning Officer (Knowledge Resource Unit)
	(For Government agencies, Policy-makers, Local government / sponsoring institutions, prospective PhilHealth Project / Program Donors/Sponsors and as directed by judicial courts)			***
	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		Planning Officer (Knowledge Resource Unit)
	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)
	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)

	(For Research Organizations / Researchers / Students and Agencies with Jurisdiction over institutions and individuals)			***
	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)
	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)
	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 use.		Planning Officer (Knowledge Resource Unit)

	(Urgent requests will be entertained but shall be subject to higher rate)	(Rate: 10% more than the computed cost of the data request)		Planning Officer (Knowledge Resource Unit)
	(Grant or Deny of the Request for Information)	None	1 Hour	***
	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		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	1 Hour	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		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	None		Planning Officer (Knowledge Resource Unit)
<b>TOTAL</b>		<b>(as applicable)</b>	<b>3 Days</b>	

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

### 30. PROCESSING OF EXTERNAL DATA REQUESTS (COMPLEX)

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) and shall be processed within three (3) working days;
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 shall be processed within seven (7) working days; and
3. Highly technical transactions – requests that require technical analysis or cross-tabulations and database extractions (e.g. data for research) shall be processed within twenty (20) working days.

<b>Office:</b>	Corporate Planning Department (CorPlan)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business	
<b>Who May Avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Formal Letter or Accomplished Data Request Form / DRF (One original copy) containing the following :		PhilHealth Website <i>(Note for ARTA Comm: Form for uploading: Annex C of CO No.2020-0053)</i>
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 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)
	Checking of letter/DRF as to completeness of necessary details in order to properly process the request	None	1 Hour	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	1 Hour	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	1 Hour	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	1 Hour	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	1 Hour	Planning Officer (Knowledge Resource Unit)
	Review and classify the request per internal guidelines (e.g. restricted, confidential, with Personally-Identifiable Information/PII, etc.)	None	1 Hour	Planning Officer (Knowledge Resource Unit)
	Identify the source of the requested information (e.g. SharePoint/PhilHealth Corporate Dashboard (PCD), Database)			
	Locate, retrieve, and/or extract the required information			
	Properly document, record, and monitor the request, including turn-around-time			

	If with Data Privacy Concerns, endorse the request to the Data Protection Officer (DPO) for evaluation.			
	If without any Data Privacy concerns, endorse the request to concerned offices (e.g. Task Force Informatics)			
	Concerned office (e.g. Task Force Informatics, Sectors concerned) provides/extracts the data requested	None	1 to 5 Days	Data Analyst (Task Force Informatics / Office concerned)
	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)
	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 Hour	Planning Officer (Knowledge Resource Unit)
	Determine applicable fees based on pricing guidelines, if any:	None	1 Hour	Planning Officer (Knowledge Resource Unit)
	(For Government agencies, Policy-makers, Local government / sponsoring institutions, prospective PhilHealth Project / Program Donors/Sponsors and as directed by judicial courts)			***
	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		Planning Officer (Knowledge Resource Unit)
	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		Planning Officer (Knowledge Resource Unit)

		hour; Computer Time and Operating Costs: Php10.00 per hour; and Printing / Duplication / Reproduction Costs: Php2.00 per page	
	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)
	(For Research Organizations / Researchers / Students and Agencies with Jurisdiction over institutions and individuals)		***
	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)
	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	Planning Officer (Knowledge Resource Unit)

		150.00 per hour; Computer Time and Operating Costs: Php 20.00 per hour; Printing / Duplication / Reproduction costs: Php 5.00 per page		
	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 use.		Planning Officer (Knowledge Resource Unit)
	(Urgent requests will be entertained but shall be subject to higher rate)	(Rate: 10% more than the computed cost of the data request)		Planning Officer (Knowledge Resource Unit)
	(Grant or Deny of the Request for Information)	None	1 Hour	***
	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		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	1 Hour	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		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	None		Planning Officer (Knowledge Resource Unit)
<b>TOTAL</b>		<b>(as applicable)</b>	<b>7 Days</b>	

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

### 31. PROCESSING OF EXTERNAL DATA REQUESTS (HIGHLY TECHNICAL)

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) and shall be processed within three (3) working days;
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 shall be processed within seven (7) working days; and
3. Highly technical transactions – requests that require technical analysis or cross-tabulations and database extractions (e.g. data for research) shall be processed within twenty (20) working days.

<b>Office:</b>	Corporate Planning Department (CorPlan)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business	
<b>Who May Avail:</b>	All	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Formal Letter or Accomplished Data Request Form / DRF (One original copy) containing the following :	PhilHealth Website <i>(Note for ARTA Comm: Form for uploading: Annex C of CO No.2020-0053)</i>
	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 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	
	Checking of letter/DRF as to completeness of necessary details in order to properly process the request	None	1 Hour	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	1 Hour	
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	1 Hour	
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	1 Hour	
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	1 Hour	
	Review and classify the request per internal guidelines (e.g. restricted, confidential, with Personally-Identifiable Information/PII, etc.)	None	1 Hour	
	Identify the source of the requested information (e.g. SharePoint/PhilHealth Corporate Dashboard (PCD), Database)			

	Locate, retrieve, and/or extract the required information			
	Properly document, record, and monitor the request, including turn-around-time			
	If with Data Privacy Concerns, endorse the request to the Data Protection Officer (DPO) for evaluation.			
	If without any Data Privacy concerns, endorse the request to concerned offices (e.g. Task Force Informatics)			
	Concerned office (e.g. Task Force Informatics, Sectors concerned) provides/extracts the data requested	None	1 to 18 Days	Data Analyst (Task Force Informatics / Office concerned)
	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)
	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 Hour	Planning Officer (Knowledge Resource Unit)

	Determine applicable fees based on pricing guidelines, if any:	None	1 Hour	Planning Officer (Knowledge Resource Unit)
	(For Government agencies, Policy-makers, Local government / sponsoring institutions, prospective PhilHealth Project / Program Donors/Sponsors and as directed by judicial courts)			***
	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		Planning Officer (Knowledge Resource Unit)
	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)
	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)
	(For Research Organizations / Researchers / Students and Agencies with Jurisdiction over institutions and individuals)			***
	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)

	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)
	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)
	(Urgent requests will be entertained but shall be subject to higher rate)	(Rate: 10% more than the computed cost of the data request)		Planning Officer (Knowledge Resource Unit)
	(Grant or Deny of the Request for Information)	None	1 Hour	***
	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		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	1 Hour	
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		
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	None		
<b>TOTAL</b>		<b>(as applicable)</b>	<b>20 Days</b>	

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

### 32. PROCESSING OF FREEDOM OF INFORMATION (FOI) 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).

<b>Office:</b>	Corporate Action Center (CAC) / Corporate Planning Department (CorPlan)	
<b>Classification:</b>	Requests through eFOI Portal	
<b>Type of Transaction:</b>	G2G – Government to Government; G2C – Government to Citizen; G2B – Government to Business	
<b>Who May Avail:</b>	All	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Registration through the eFOI Portal containing the following information:	Freedom of Information Website: <a href="https://www.foi.gov.ph/">https://www.foi.gov.ph/</a>
	1. Date	
	2. Full Name	
	3. Office/ Institution (if applicable)	
	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.)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit data request via eFOI Portal	Receive data request from requesting party via eFOI Portal	None	Half Day (4Hours)	Corporate Action Center (CAC) Designated FOI Officer
Receive acknowledgement receipt from this office	Send acknowledgement receipt to requesting party	None		
	Checking of completeness of necessary details in order to properly process the request	None		
Receive letter/email from this office	If incomplete, inform the requesting party (e.g. unclear instructions, with questions for verification, etc.)	None		
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		
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		
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		

	Review and classify the request per internal guidelines (e.g. restricted, confidential, with Personally-Identifiable Information/PII, etc.)	None	1 Day	Designated FOI Decision Maker (Knowledge Resource Unit)
	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			
	Identify the source of the requested information (e.g. Task Force Informatics)			
	Locate, retrieve, and/or extract the required information			
	Properly document, record, and monitor the request, including turn-around-time			
	If with Data Privacy Concerns, endorse the request to the Data Protection Officer (DPO) for evaluation.			

	If without any Data Privacy concerns, endorse the request to concerned offices (e.g. Task Force Informatics)			
	Concerned office (e.g. Task Force Informatics, Sectors concerned) extracts the data requested	None	1 to 12 Working Days	Planning Officer (Knowledge Resource Unit)
	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	Half Day (4Hours)	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		
	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		
	Determine applicable fees based on pricing guidelines, if any:	None		
	(For Government agencies, Policy-makers, Local government / sponsoring institutions, prospective PhilHealth Project / Program Donors/Sponsors and as directed by judicial courts)			***
	Readily available data published in the corporate websites like philhealth.gov.ph, Knowledge	None		

	Management Portal, for public or external use shall be free of charge.			Planning Officer (Knowledge Resource Unit)
	Concerned office (e.g. Task Force Informatics, Sectors concerned) extracts the data requested			
	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	Half Day (4 Hours)	
	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 use.		
	(For Research Organizations / Researchers / Students and Agencies with Jurisdiction over institutions and individuals)			***
	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)

	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		
	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.		
	(Urgent requests will be entertained but shall be subject to higher rate)	(Rate: 10% more than the computed cost of the data request)		
	(Grant or Deny of the Request for Information)	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	Half Day (4 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		

Requesting party pays the determined amount with the Corporation's Cashier office.	Processes the payment	None		Cashier Staff (Cashier Office)
Receives official receipt from Cashier	Provides official receipt to requesting party	None		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		Designated FOI Decision Maker (Knowledge Resource Unit)
Requesting party receives the data requested.	Sends the requested data via eFOI Portal	None		
<b>TOTAL</b>		<b>(as applicable)</b>	<b>15 Days</b>	

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

## **J. Office of the President (OP)**

### **II. Office of the Corporate Secretary (CorSec)**

### 33. 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.

<b>Office:</b>	Office of the Corporate Secretary
<b>Classification:</b>	Complex
<b>Type of Transaction:</b>	G2G (external)
<b>Who May Avail:</b>	Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial Bodies/tribunals

CHECKLIST OF REQUIREMENTS		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			
<b>TOTAL</b>			<b>7 days</b>	

### 34. 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.

<b>Office:</b>	Office of the Corporate Secretary			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (external)			
<b>Who May Avail:</b>	Congress, PACC, DOJ, NBI, Judicial and other Quasi-judicial tribunal/bodies			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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			
<b>TOTAL</b>			<b>7 days</b>	

## **J. Office of the President (OP)**

### **III. Office of the President and CEO (OPCEO)**

### 5. MANAGEMENT OF DOCUMENTS - EXTERNAL

This covers the receipts of incoming documents from External clients

<b>Office:</b>	Office of the President and CEO
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2G - Other Government Agencies, G2C - Government to Public
<b>Who May Avail:</b>	All

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Admin staff/Messenger of other Government or Private Entities 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
<b>TOTAL</b>			<b>29 minutes</b>	

## **J. Office of the President (OP)**

### **IV. Secretariat for the Bids and Awards Committee (SBAC)**

**36. BAC SECRETARIAT SERVICES**

Securing Bid Documents

<b>Office:</b>	Secretariat for the Bids and Awards Committees
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2B, G2G
<b>Who May Avail:</b>	Interested Bidders

CHECKLIST OF REQUIREMENTS		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 (Internal/External)	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	5 mins	Cashier's Office / Unit

		(Based on ABC range)		
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
<b>TOTAL:</b>		<b>None</b>	<b>90 mins</b>	

**37. PROCUREMENT SERVICES**

Local Shopping

<b>Office:</b>	Secretariat for the Bids and Awards Committees
<b>Classification:</b>	Simple
<b>Type of Transaction:</b>	G2B, G2G
<b>Who May Avail:</b>	Interested Bonafide Bidders/Suppliers

CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Properly Filled-up Purchase Request with supporting documents (3 original copy of the approved Purchase Request)  2. APR Preparation for PS-DBM Transaction (3 original copies)  3. Local Shopping Transaction if items are not available at PSDBM (3 original copies)		1. Purchase Request (PR) from End-user  2. Consolidated Purchase Request (PR) from PRID-PSMD  3. Purchase Request (PR) from End-user		
CLIENT STEPS (Internal/External)	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		30 mins. (provided there is no interruption in internet connectivity)	Buyer/Canvasser
	Preparation of APR for PSDBM and RFQ for Local Shopping		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		15 mins	Buyer/Canvasser
	Signs the prepared AOC, PO and JO		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
<b>TOTAL</b>			<b>10 hours and 25 mins</b>	

# **K. Office of the Area Vice Presidents (OAVP)**

## **Area I, II, III and IV**

<b>88. PROCESSING OF LETTER OF REQUESTS/QUERIES/ISSUES/CONCERNS SENT BY INTERNAL AND EXTERNAL CLIENTS</b>				
The Office of the Area Vice-President shall facilitate the processing of letter of requests, queries, issues and concerns of external clients.				
<b>Office/Division:</b>	Office of the Area Vice Presidents (Areas I, II, III & IV)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen			
<b>Who may avail:</b>	Local Health Insurance Office Heads and Local Health Insurance Office Information Officer-designate			
<b>CHECKLIST OF REQUIREMENT</b>			<b>WHERE TO SECURE</b>	
Letter of Request/Memoranda/Instructions/Routing Slips (1 Original/Scanned Copy)			Central Office Sectors/Departments/Other Stakeholders	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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		Executive Assistant 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		
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 prepare 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
<b>Total:</b>		<b>None</b>	<b>3 days</b>	

# **L. PhilHealth Regional Offices (PRO)**

**(CAR, I, II, III, IV, V, VI, VII, VIII, XI, X, XI XII, CARAGA & BARMM)**

## **I. Health Care Delivery Management Division**

## 89. 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 dependents for their in-patient health services provided to all PhilHealth members

<b>Office:</b>	Branch Offices	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen	
<b>Who May Avail:</b>	HCPs (doctors & facilities), OFW, member beneficiaries and their dependents	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
<b>For HCIs:</b>		Health Care Institution's (HCIs)/Health Care Providers (HCPs) - PhilHealth Accredited
Claim Signature Form (CSF)/Claim Form 1 (CF1) - 1 scanned copy		
Statement of Account (SOA) - 1 scanned copy		
Claim Form 3 (CF3), Maternity Related as may be applicable – XML File (electronic)		
Claim Form 4 (CF4) - XML File (electronic)		
Other required documents depending on the illness (1 scanned copy)		
Clinical Chart , Laboratories, X-Ray		
Claim Summary Form (CSF for COVID Testing)		
<b>For members filing directly:</b>		
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 discharge 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
<b>TOTAL:</b>		<b>None</b>	<b>1 Hour</b>	
<b>For members Filing Directly :</b> *Claims may be filed within 60 days from the date of discharge of the patient * Claims Confinement Abroad may be filed with 180 days from the date of discharge	1.1 Direct client/s to the appropriate front line service. Provide the priority number to client/s.	None	10 Minutes	PRO Claims Receiver Or LHIO Frontline
<b>For Manual Submission of Claims of HCIs:</b> 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				
2. When priority number is called, proceed to Frontline	2.1 Receive and screen claims as to the correct number and names of claimants against transmittal list.			Receiving Clerk

Service Counter and submit claims together with the transmittal list			30 minutes for every Claim	
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			
<b>TOTAL</b>		<b>None</b>	<b>40 Minutes</b>	

## 90. PROCESSING OF FILED BENEFIT CLAIMS OF HEALTH CARE INSTITUTIONS (HCIS) and MEMBERS

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 health services provided to all PhilHealth members

<b>Office/Division:</b>	Health Care Delivery Management Division - Benefits Administration Section				
<b>Classification:</b>	Highly Technical				
<b>Type of Transaction:</b>	G2G - Government to Government ; G2B - Government to Business; G2C - Government to Citizen				
<b>Who May Avail:</b>	Health Care Institutions				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
1. For HCIs: CSF (1 scanned copy)			Health Care Institutions (HCIs)		
2. SOA XML File (electronic)			Health Care Institutions (HCIs)		
3. CF4 (1 scanned copy)			Health Care Institutions (HCIs)		
4. Other required documents depending on the illness (1 scanned copy)			Health Care Institutions (HCIs)		
5. For members filing directly: CSF/CF1, CF2, SOA, Waiver of Full Payment (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)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
<b>1. For Health Care Institutions (HCIs): Submission of claims</b>	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 Pre-payment Review (MPR)
	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
<b>TOTAL</b>		<b>None</b>	<b>60 days</b>	
<b>2. For members filing directly: Submission of Claims</b>				
	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 Encoder
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
<b>TOTAL</b>		<b>None</b>	<b>60days</b>	

## Internal Services

# **A. Actuarial Services and Risk Management Sector (ASRMS)**

## **I. Corporate Information Security Department (InfoSec)**

### 91. INFORMATION SECURITY INCIDENT MANAGEMENT (SIMPLE)

Concerns the handling of incidents reported

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	Employees who experienced or discovered an information security incident			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. The employee /initiator properly accomplishes the IR Form	1. Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec
2. Attach pertinent documents to support the report	2. Update the incidents register	None	5 minutes	
3. Submit the report to InfoSec (walk-in, email, direct message)	3. Review the incident report and classify	None	1 hour	
4. Expect a notification from the InfoSec Operations Division	4. Address the incident	None		
<b>TOTAL</b>		<b>None</b>	<b>3 hours, 10 mins</b>	

## 92. INFORMATION SECURITY INCIDENT MANAGEMENT (COMPLEX)

Concerns the handling of incidents reported

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Complex			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	Employees who experienced or discovered an information security incident			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec Information Technology Officer III, InfoSec
	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	
2. 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	5 minutes	
<b>Total</b>		<b>None</b>	<b>3 days, 5 hours, 15 mins</b>	

### 93. INFORMATION SECURITY INCIDENT MANAGEMENT (HIGHLY TECHNICAL)

Concerns the handling of incidents reported

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	Employees who experienced or discovered an information security incident			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	Receive the incident report	None	5 minutes	Information Systems Analyst II, InfoSec Information Technology Officer III, InfoSec
	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	
	2.2 Monitor the agreements.	None	5 minutes	
	2.3 Perform assessment if warranted.	None		
<b>Total</b>		<b>None</b>	<b>8 days, 1 hour, 15 mins</b>	

#### 94. 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.

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	<p>Business Process Units (BPUs), which require secure corporate information systems (people, process and technology).</p> <p>The BPUs in consultation and coordination with Corporate Information Security Department identify and assess information security risks.</p> <p>The Corporate Information Security Department, both as a BPU and as a responsible office for information security identify and assess information security risks</p>			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Identify information security risk/ information security issue/ concern and report through any of the following: a. RIS or RIMS;	Assessed received: Feedback through email/Report from Information Security Awareness Officer; Assessed Information Security Incident Report; or Audit Findings and Recommendations (Internal Audit Group/COA)	None	1/2 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec

<p>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)</p>	<p>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)</p>	<p>None</p>	<p>17 1/2 days (Initial/Final Review of Concerned Offices/Approval and Signature of Sector Heads)</p>	<p>Information Systems Analyst II, InfoSec  Information Systems Analyst III, InfoSec</p>
	<p>3. Communicate information security controls and measures through Outlook and SETA (Guidelines, Policy and Standard Operating Procedure)</p>		<p>1 day</p>	<p>Information Systems Analyst II, InfoSec  Information Systems Analyst III, InfoSec  Information Technology Officer III, InfoSec  Senior Manager, InfoSec</p>
<b>Total</b>		<b>None</b>	<b>20 days</b>	

## 95. 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.

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	<p>Business Process Units (BPUs), which require secure corporate information systems (people, process and technology).</p> <p>The BPUs in consultation and coordination with Corporate Information Security Department identify and assess information security risks.</p> <p>The Corporate Information Security Department, both as a BPU and as a responsible office for information security identify and assess information security risks</p>			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Implement information security controls and measures: a. RIS or RIMS; b. Feedback through email/Report from	Monitor policy compliance through the following avenues: Security Education, Training and Awareness (SETA) activity gathers feedback on policy implementation; Ident assessment results and self-assessment; Internal Audit Group's audit findings with its recommendations relating to Information Security and Data Privacy;	None	1/2 day	Information Systems Analyst II, InfoSec Information Systems Analyst III, InfoSec

<p>Information Security Awareness Officer;  c. Assessed Information Security Incident Report;  or  d. Audit Findings and Recommendations (Internal Audit Group/COA)</p>	<p>Audit Findings and Recommendations (Internal Audit Group/COA)  assess information security risks and their corresponding controls and measures (Guidelines, Policy and Standard Operating Procedure)</p>	<p>None</p>	<p>1 day</p>	<p>Information Systems Analyst II, InfoSec  Information Systems Analyst III, InfoSec</p>
	<p>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)</p>	<p>None</p>	<p>18days (Initial/Final Review of Concerned Offices/Approval and Signature of Sector Heads</p>	<p>Information Systems Analyst II, InfoSec  Information Systems Analyst III, InfoSec  Information Technology Officer III, InfoSec  Senior Manager, InfoSec</p>
<b>Total</b>		<p><b>None</b></p>	<p><b>20 days</b></p>	

## 96. SAFEKEEPING TAPE VAULT STORAGE

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

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Highly Technical			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	Information Technology Management Department			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Document/Label Back-up tapes.	ceive, 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.	None	5 minutes	
3. Prepare memorandum to Department Manager CISD.	3. Receives back-up tapes based on Vault Inventory List.	None	5 minutes	
	4. Signs and completes signatories of Vault Inventory List by ITMD Representative and Guard on duty	None	5 minutes	

	5. Coordinates with codes custodian and physical key custodian.	None	5 minutes	
	6. Deposit/Store back-up tapes	None	5 minutes	
<b>Total</b>		<b>None</b>	<b>30 minutes</b>	

## 97. RETRIEVAL TAPE VAULT STORAGE

Concerns the tape vault storage retrieval of back-up tapes

<b>Office/Division</b>	Corporate Information Security Department (InfoSec)			
<b>Classification</b>	Simple			
<b>Type of Transaction</b>	G2G - Government to Government			
<b>Who may avail:</b>	Information Technology Management Department			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Prepare letter request / back-up tape retrieval.	Receive and log all letter request.	None	5 minutes	Clerk III, InfoSec Information Systems Analyst III, InfoSec
2. Endorse approved letter request to CISD	2. Identify back-up tapes for retrieval.	None	5 minutes	
	3. Update Vault Inventory List	None	5 minutes	
	4. Coordinates with codes custodian and physical key custodian.	None	5 minutes	
	5. Retrieve back-up tapes.	None	5 minutes	
<b>Total</b>		<b>None</b>	<b>25 minutes</b>	

## **A. Actuarial Services and Risk Management Sector (ASRMS)**

### **II. Project Management Team for Risk Management (PMT-RM)**

### 98. 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.

<b>Office/Division</b>	Project Management Team for Risk Management (PMT-RM)				
<b>Classification</b>	Complex				
<b>Type of Transaction</b>	G2G- Government to Government				
<b>Who may avail:</b>	All PhilHealth Head Offices (Proponent)				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
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		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
1. Submit required documents for initial assessment and verification	1.1. Receive required documents and check for completeness	None	2 hours	Clerk/ Administration Services Assistant C (ASA C), PMT-RM	
	1.2. Record documents in logbook	None			
	1.3. Endorse documents to technical staff of PMT-RM	None			
	2. Receive signed RSAQ and RAC	1.4 Check documents contents for completeness	None	4 working days	Project Development Officer III, PMT-RM
		1.5 Review, evaluate and validate submitted documents	None		
		1.6 Sign Risk Self-Assessment Questionnaire (RSAQ)	None		
		1.7 Prepare certification	None		
	1.8 Review documents and sign the Risk Self-Assessment Questionnaire (RSAQ) and Risk Assessment Certification (RAC)	None	1/2 working day (4 hours)	Senior Manager, PMT- RM	
	2.1. Record the RAC Reference No.	None	2 hours		

	2.2. Release signed RSAQ and RAC	None		Clerk/ Administration Services Assistant C (ASA C), PMT-RM
<b>TOTAL</b>			<b>4 Days, 1 Hour and 15 Minutes</b>	

## **B. Corporate Affairs Group**

### **I. Corporate Communication Department**

## 99. COMMUNICATIONS DEVELOPMENT- WEBSITE AND SOCIAL MEDIA MANAGEMENT

Requests for uploading and/or updating of materials in the PhilHealth Corporate Website and official social media accounts

<b>Office:</b>	Corporate Communication Department			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G-Government to Government			
<b>Who may avail:</b>	Senior Management, Program Offices, Regional Offices			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Memo request from requesting proponent office and softcopy of materials		Proponent office (HFPS/ Accreditation/ MMG/ Treasury); Other Offices (CorPlan/ CorSec/ PROs/IT); Website visitors/ social media followers		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Requests for uploading of issuances, announcements, promotions through the website and/or social media accounts (together with the soft copy of data/material for uploading)	1.1 Evaluation of request; coordination with client for needed details / documents	None	Within 1 Hour	Social Media Project Team
	1.2 Preparation or review of content; forward to CADT for execution (if needed)		2 Hours	
	1.3 Request clearance of proposed material (if with layout)		10 Minutes	
2. Review and approve output	2.1 Request ITMD for web uploading/post material in social media		10 Minutes	
	2.2 Monitoring of feedback; providing feedback to requesting office		10 Minutes	
<b>TOTAL:</b>		<b>None</b>	<b>3 Hours and 30 Minutes</b>	

*\*Does not include TAT of CADT and ITMD*

### 100. COMMUNICATIONS MANAGEMENT - ADVERTISING UNIT

Requests for newspaper publication

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 materials to be published			Program office/s	
3. Approved layout			Program office/s	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit duly accomplished Request for Publication Form <i>(including Tamang Sagot and powerpoint presentation for Circulars)</i>	Receive and process submitted documents	None	10 Minutes	Program office/s
2. Provide soft copy of materials to be published	Refer to CADT for layout		10 Minutes	Program office/s
3. Review/approval of layout	Booking/placement of policies/issuances		30 Minutes	Advertising Unit
<b>TOTAL</b>		<b>None</b>	<b>50 Minutes</b>	

## 101. COMMUNICATIONS MANAGEMENT

Request for review/ comment/editing of documents sent with DRAR (*Document Review and Approval Request*) form

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. Documents for review with DRAR		Program Offices		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Routes DRAR to Corcomm	1.1 Receive (stamp, inclusive of encoding in the DTS, if hardcopy; acknowledge if via email) the request	None	10 minutes	Senior Manager / Admin Designate
	1.2 Forward request for first pass		10 minutes	Admin Designate
	1.3 Review, edit, proofread document; and submit to the Senior Manager		1-2 hours	Technical staff
	1.4 Sign off reviewed document in DRAR		30 mins	Senior Manager
	1.5 Route back to Proponent Office		30 mins	Admin Designate
<b>TOTAL</b>		<b>None</b>	<b>3 hrs and 20 mins.</b>	

## **B. Corporate Affairs Group**

# **II. Corporate Marketing Department**

## 102. 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who may avail:</b>		All Offices in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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.	<b>None</b>	<b>1 day</b>	Critical Support Team
None	2. Check inventory of materials. a. If available Proceed to No. 3 b. If not available, recommend other available materials.	<b>None</b>		
2. Wait for the call from the CorMar Office regarding request.	3. Approve request.	<b>None</b>	4 Hours	SM- CorMAr
None	4. Prepare requested materials.	<b>None</b>	4 Hours	Critical Support Team
3. Receive requested materials from CorMar.	5. Release requested materials to proponent office/end-user	<b>None</b>		

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.	<b>None</b>	4 Hours	
5. Submit accomplished Satisfaction Survey to CorMar together with copy of Attendance Sheet	7. Receive accomplished survey form from end-user.	<b>None</b>		
6. Submit the Monitoring Form to CorMar	8. Receive Monitoring Form from end-user.		7 days	
<b>Total</b>		<b>None</b>	<b>9 days and 4 hours</b>	

**103. REQUEST FOR PROCUREMENT OF APPROVED 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who may avail:</b>		Proponent Offices/end-user in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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				
7. Other documents as may be required				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request letter to CorMar.	1. Receive request.	None	3 Days	Critical Support Team
	2. Evaluate request a. Approved: Proceed to No. 3			SM-CorMar; Critical Support Team

	b. Disapproved: Inform proponent office regarding disapproval of request through formal communication.			
None	3. Prepare procurement documents and route for signing and approval		17 Days	Critical Support Team
None	4. Endorse documents to the Secretariat for Bids and Awards Committee for procurement			
	5. Inform proponent office of status of request.			
	<b>TOTAL</b>	<b>None</b>	<b>20 Days</b>	

**104. 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who may avail:</b>		All offices/department in PhilHealth		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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	1 day	Critical Support Team
	2. Evaluate request for clearance of design/concept as to adherence to the provisions of Corporate Identity Manual; May also refer to existing standards and policies on giveaways/materials			Brand Management and Marketing Collateral Development Team (BMMCDT)

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.	4 Hours	Critical Support 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.		Critical Support Team
	<b>TOTAL</b>		None

**105. 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who may avail:</b>		All offices/department in PhilHealth		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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. 2. Evaluate the request.	None	4 Hours	Critical Support Team; Brand Management and Marketing Collateral Development Team (BMMCDT)
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.		4 hours	Critical Support 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.			Critical Support Team
	<b>TOTAL</b>	<b>None</b>	<b>4 Days and 1 Hour</b>	

## 106. 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		Proponent Offices/end-user in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<ol style="list-style-type: none"> <li>1. Properly Accomplished CAG-JRF (See CO 2016-0101)</li> <li>2. Technical Specifications</li> <li>3. Three (3) quotations from suppliers</li> <li>4. Matrix of Canvass</li> <li>5. Approved Budget for the Contract</li> <li>6. Purchase Request</li> <li>7. Other documents as may be required</li> <li>8. Permit</li> <li>9. Endorsement Memo</li> </ol>		CorMar Department		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request letter to CorMar.	1. Receive request.	None	1 day	Critical SupportTeam

	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	4 days	BMMCDT
	4. Forward draft script to SM-CorMar for approval a. Approved: Proceed to Procurement b. For revision: Revise draft script then proceed to Procurement	1 day	SM-CorMar and BMMCDT
None	7. Prepare procurement documents and route for signing and approval	14 days	Critical Support Team
None	8. Endorse documents to the Secretariat for Bids and Awards Committee (SBAC) for procurement		Critical Support Team and SBAC
	<b>TOTAL</b>	None	20 days

### 107. 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.

<b>Office:</b>	Corporate Marketing Department (CorMar)
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2G- Government to Government
<b>Who May Avail:</b>	Proponent Offices/end-user in the Head Office
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
1. Properly accomplished CAG-JRF (See CO No. 2016-0101)	CorMar 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	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit properly accomplished CAG-JRF to CorMar.	1. Receive request.	None	1 day	Critical Support 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		2 days	BMMCDT
None	4. Forward draft content to SM-CorMar, SM-CorComm and end-user for approval a. Approved: Proceed to No. 5 b. For revision:		2 days	SM-CorMar and BMMCDT

	Revise draft content then proceed to No. 5			
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 day	SM CorMar and BMMCDT
None	7. Conduct copy-testing (if applicable)			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, Critical Support Team
None	10. Prepare procurement documents and route for signing and approval			Critical Support Team
None	11. Endorse documents to the Secretariat for Bids and Awards Committee (SBAC) for procurement		8 Days	Critical Support Team
	<b>TOTAL:</b>	<b>None</b>	<b>20 days</b>	

**108. 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.

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2G- Government to Government		
<b>Who may avail:</b>		Proponent Offices/end-user in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Request Memo		Proponent office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit request memo to CorMar.	1. Receive request.	None	5 hours	Critical Support 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 alongside meetings/consultations with other concerned offices		7 days	BMMCDT
None	5. Seek approval of Campaign/Plan from VP-CAG		2 days	SM-CorMar

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	4 hours	BMMCDT, Critical Support Team
3. Answer the CorMar Satisfaction Survey.	8. Request proponent office/end-user to answer the CorMar Satisfaction Survey		
4. Submit accomplished Satisfaction Survey to CorMar.	9. Receive accomplished survey form from end-user.		Critical SupportTeam
	<b>TOTAL</b>	<b>None</b>	<b>12 days and 2 hours</b>

**109. REQUEST FOR EVENT ASSISTANCE (INCLUDES SELECTION OF VENUE, VENUE SET-UP, INVITATION, PROGRAM, AND OTHER EVENT REQUIREMENTS) INCLUDING PROCUREMENT**

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

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		G2G- Government to Government		
<b>Type of Transaction:</b>		Complex		
<b>Who May Avail:</b>		Proponent Offices/end-user in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Properly accomplished CAG-EARF (See CO 2016-0101)		Corporate Marketing Department		
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, invitation, program and other event requirements)	1. Receive request.	None	3 Days	Critical Support Team
	2. Coordinate with proponent office			Events Management Team
None	3. Facilitate event requirements		16 days and 4 hours	Events Management Team
2. Answer the CorMar Satisfaction Survey.	4. Request proponent office/end-user to answer the CorMar Satisfaction Survey.		4 hours	Events Management , Critical Support Team
3. Submit accomplished Satisfaction Survey to CorMar.	5. Receive accomplished survey form from end-user.			Critical Support Team
<b>TOTAL:</b>		None	<b>20 days</b>	

**110. 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

<b>Office:</b>		Corporate Marketing Department (CorMar)		
<b>Classification:</b>		G2G- Government to Government		
<b>Type of Transaction:</b>		Simple		
<b>Who May Avail:</b>		Proponent Offices/end-user in the Head Office		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
CorMar Satisfaction Survey Form		Cormar		
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	Critical Support Team
1. Receive procured materials from CorMar	2. Endorse the requested materials to the proponent office		2 Days	Critical Support Team
2. Answer the CorMar Satisfaction Survey	3. Request proponent office/end-user to answer the CorMar Satisfaction Survey.			

3. Submit accomplished Satisfaction Survey to CorMar.	4. Receive accomplished survey form from end-user.			Critical Support Team
	<b>TOTAL</b>	<b>None</b>	<b>3 Days</b>	

# **E. Information Management Sector (IMS)**

## **I. IPPSD**

### 111. PREPARATION OF INITIAL DRAFT OF ICT POLICY/STANDARD OPERATING PROCEDURE (SOP)

Crafting of new ICT policy/SOP or revision of approved ICT policy/SOP

<b>Office:</b>		IPPSD		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2G - Government to Government		
<b>Who May Avail:</b>		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
<b>TOTAL</b>			<b>19 Days and 30 Minutes</b>	

**112. REVIEW OF ICT POLICY/STANDARD OPERATING PROCEDURE (SOP) (INITIAL DRAFT)**

Review of initial draft ICT policy/sop by next higher supervisor

<b>Office:</b>		IPPSD			
<b>Classification:</b>		Complex			
<b>Type of Transaction:</b>		G2G- Government to Government			
<b>Who May Avail:</b>		All Employees and Officers of PhilHealth			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>			
None		Not Applicable			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
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	
	<b>TOTAL</b>	None	<b>5 Days and 30 Minutes</b>		

### 113. 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

<b>Office:</b>		IPPSD		
<b>Classification:</b>		Simple		
<b>Type of Transaction:</b>		G2G - Government to Government		
<b>Who May Avail:</b>		All Employees and Officers of PhilHealth		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		Not Applicable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 Minutes	Clerk III IPPSD
	1.5 Monitor the status of the draft ICT policy/SOP	None	15 Minutes	Clerk III IPPSD
<b>TOTAL</b>		None	<b>1 Day and 45 Minutes</b>	

#### 114. FINALIZATION AND APPROVAL OF POLICY/SOP

Finalize and sends out the draft ICT policy/SOP for approval of concerned offices

<b>Office:</b>		IPPSD		
<b>Classification:</b>		Highly Technical		
<b>Type of Transaction:</b>		G2G - Government to Government		
<b>Who May Avail:</b>		All Employees and Officers of PhilHealth		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
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
<b>TOTAL</b>			<b>19 Days and 1 Hour</b>	

### 115. CONDUCT RISK ASSESSMENT

Conduct Risk Assessment on the proposed Information and Communications Technology (ICT) policies/SOP

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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
<b>TOTAL</b>			<b>6 days and 1 Hour</b>	

**116. ASSESSMENT OF STANDARDS ON CORPORATE ISSUANCE**

Assess the compliance to corporate issuance standards (for ICT policies only)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All Employees and Officers of PhilHealth			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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 Minutes	CMT II IPPSD
	1.5 Route the draft ICT policy/SOP with the cover memo to the concerned staff/officers	NONE	15 Minutes	Clerk III IPPSD
	1.6 Monitor the status of the draft ICT policy/SOP	NONE	15 Minutes	Clerk III IPPSD
<b>TOTAL</b>			<b>2 Days and 5 Hours</b>	

### 117. CONDUCT POLICY/SOP REVIEW-OTHER OFFICES

Conducts review of policy/SOP requested by other offices

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All Employees and Officers of PhilHealth			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. One (1) Original Copy of Properly accomplished Policy Review Request form and/or memorandum requesting for inputs/comments		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
<b>TOTAL</b>			<b>6 days and 1 Hour</b>	

### 118. ICT TOR / TECH SPECS REVIEW

Review of Terms of Reference (TOR) / Technical Specifications (Tech Specs) for the Procurement of Information and Communications Technology (ICT) Resources

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Offices and departments within PhilHealth with ICT-related procurement (Internal Clients)			
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>			
One (1) Original Copy of Draft TOR / Tech Specs (including its Annexes, if applicable) approved by the head of office/department requesting the TOR/Tech Specs review	(Prepared by Internal Client/s)			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
	<b>TOTAL</b>	None	<b>19 Days and 50 minutes</b>	

### 119. PREPARATION OF IT PREVENTIVE MAINTENANCE (ITPM) ANALYTICAL REPORT

Consolidation of IT PM Reports and Preparation of Analytical Report on ITPM

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS), IT Management Department, PhilHealth Regional Office - IT Management Section (PRO ITMS)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Electronic Copy of IT Preventive Maintenance Reports using the prescribed template		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
<b>TOTAL</b>			<b>19 days and 50 minutes</b>	

## 120. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS) and IMS offices			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Copy or Electronic Copy of Completely filled-out ICSFFs			IMS Offices, ICSFF Google Form site	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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,	None	20 minutes	Clerk III IPPSD

	and secures the receiving copies for hard copy and digital file.			
<b>TOTAL</b>			<b>10 days and 50 minutes</b>	

## 121. IT PROCUREMENT CLEARANCE

Issuance of procurement clearance on IT-related procurement

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Copy of Request for IT Procurement Clearance			(Memorandum or E-mail to be prepared by the Client)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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	
	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,	None	1 hour	Clerk III IPPSD

	and requesting office/dept. for receiving, and secures the receiving copies for hard copy and digital file.			
<b>TOTAL</b>			<b>1 day and 2.5 hours</b>	

**122. ARRANGEMENT OF ISSP DEVELOPMENT MEETING / FORUM / WORKSHOP**

Arrangement of meetings / forum / workshops pertaining to development / validation / updating of the Information Systems Strategic Plan (ISSP)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Not Applicable	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>			<b>15 days</b>	

**123. 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)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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 minutes of ISSP-related meeting / forum / workshop held and provides instruction to IT Planning team on actions required	None	2 days	Division Chief IV IPPSD
<b>TOTAL</b>			<b>15 days</b>	

**124. 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)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		Not Applicable		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>			<b>6 days, 5 hours and 30 minutes</b>	

### 125. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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: <ul style="list-style-type: none"> <li>- Organizational Structure,</li> <li>- Current ICT Budget,</li> <li>- Functional Interface Chart,</li> <li>- Present ICT Situation,</li> <li>- Strategic Concerns for ICT Use,</li> <li>- Information Systems Strategy (Conceptual Framework, Detailed Description of Proposed Information Systems, Databases</li> </ul>	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

Required, Network Layout) - Detailed Description of ICT Projects, - Existing and Proposed ICT Organizational Structure - Annexes				
	<b>TOTAL</b>	<b>None</b>	<b>10 days</b>	

**126. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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
<b>TOTAL</b>			<b>20 days</b>	

**127. 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)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Not Applicable	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Concerned offices/units submit 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
<b>TOTAL</b>			<b>20 days</b>	

## 128. PREPARATION OF ICT RESOURCE PROPOSALS

Preparation of proposed ICT resource requirements in the Information Systems Strategic Plan (ISSP)

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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 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
<b>TOTAL</b>			<b>20 days</b>	

**129. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	SVP-CIO, ISSP Review Teams, Offices/Units who were requested to review the draft ISSP, DICT			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
For revisions due to APP amendments: approved APP amendment/s (1 photocopy)			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
<b>TOTAL</b>			<b>20 days</b>	

**130. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
None			Note Applicable	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>		<b>None</b>	<b>15 days</b>	

### 131. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Execom approval of ISSP (1 Original Copy)			CorPlan	
PCEO approval of ISSP (1 Original Copy)			OPCEO	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>			<b>7 hours</b>	

### 132. 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

<b>Office:</b>	IPPSD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Office of the Senior Vice President, Chief Information Officer (OCIO) - Information Management Sector (IMS)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
DICT-endorsed ISSP (1 photocopy/ electronic copy)			DICT	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL</b>			<b>7 hours</b>	

# **Information Management Sector (IMS)**

## **II. IT-HELPDESK**

### 133. ESCALATION AND MONITORING

Escalation and monitoring of highly technical issues reported to concern Specialized Response Team(SRT)

<b>Office:</b>	IT Helpdesk			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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.				
<b>TOTAL:</b>		<b>None</b>	<b>2 working days (simple) 7 working days (complex)</b>	

### 134. ISSUANCE OF IT ADVISORY

Issuance and Posting of IT Advisory for the concerned and affected Offices of PhilHealth

<b>Office:</b>	IT Helpdesk			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	PhilHealth Information Management Sector Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Original Copy of Properly Filled-up, signed and approved IT Advisory Request Form		IT Helpdesk Unit and ITMD		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
For issuance IT Advisory for downtime and system enhancement: 1. Receive the Advisory request.	Evaluate and Process the request	None	1 day	SIO II, ITO I IT Helpdesk
2. Evaluate the Advisory Request for completeness, authorized and signed.				
3. Process the Advisory request by posting in Outlook to the concerned Users.				
<b>TOTAL</b>		<b>None</b>	<b>1 day</b>	

### 135. 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

<b>Office:</b>	IT Helpdesk			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. For Application Account creation, updating and password resetting:	Evaluate and Process the request	None	1 day	SIO II, ITO I IT Helpdesk
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,				
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.				
	<b>TOTAL</b>	<b>None</b>	<b>1 day</b>	

# **Information Management Sector (IMS)**

## **III. ITMD**

### 136. 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.

<b>Office:</b>	IT Management Department - ITMD (Database Group)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
<b>Who May Avail:</b>	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.	None	1 Hour	SIA I/SIO I ITRMD
	1.2 Log the document (Incoming)		2 Hours	ITO II ITRMD
	1.3 Endorse document to Division Chief		1 Hour	SIA I/SIO I ITRMD
	1.4 Delegates/assign document to the concerned section or staff		9 Days, 4 Hours	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD
	1.5 Release document to the concerned section/staff.			
	1.6 Check existence of request in JOROS.			
	1.7 Review of the request.			
	1.8 Return request to the concerned office if submitted document is incomplete.			
	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.			
	1.10 Proceed with the data editing request if submitted document is complete.			
	1.11 Notify the concerned office once the request is completed /Tag the request as closed/accomplished in the JOROS.			
Repeat Process 1.7 to 1.9 until all request and documents is compiled and addressed				
<b>TOTAL:</b>			<b>10 Days</b>	

### 137. MANAGE AUTO RENEWAL OF SPONSORED MEMBERS

The service addresses 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)

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B- Government to Business			
<b>Who May Avail:</b>	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				
<b>TOTAL:</b>		None	<b>14 Days</b>	

**138. 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 internal. 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.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)					
<b>Classification:</b>	Highly Technical					
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government					
<b>Who May Avail:</b>	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)					
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>			
One (1) Original Copy of Fully Accomplished Service Request Form (SRF) / Memo			Requesting Office			
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>		
1. Request for uploading of external data	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 III, TRMD		
	1.5 Release document to the concerned section/staff.		1 Hour	SIA I/SIO I ITRMD		
	1.6 Validate the file format/structure		12 Days, 6 Hours	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD		
	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				2 Hours	ITO II ITRMD
	1.12 Approval of memo				2 Hours	ASM, ITMD
	1.13 Release memo		1 Hour	SIA I/SIO I ITRMD		
	1.14 Give access on the uploaded data to the concerned office		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						
<b>TOTAL:</b>		<b>None</b>	<b>14 Days</b>			

### 139. MANAGE REQUEST FOR DATABASE UPDATE

The service addresses 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.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2G - Government to Government			
<b>Who May Avail:</b>	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 ITRMD
	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			
	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 compiled and addressed				
<b>TOTAL:</b>			<b>1 Day</b>	

#### 140. 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 of the personnel is being deactivated momentarily while their suspension and leave of absence is still served. The service can be performed within 2 working days upon request.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
<b>Who May Avail:</b>	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Email request c/o IT Helpdesk (1 Electronic Copy)			IT Helpdesk	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.			
<b>TOTAL:</b>			<b>2 days per account</b>	

#### 141. 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 requirements is complete.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business			
<b>Who May Avail:</b>	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) 2. One (1) Original Copy of Application for Clearance		Requesting Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Request for Clearance of Separated Employees	1.1 Receive of document	None	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		8 Hours	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD
	1.8 Check database account if deactivated in production database			
	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			
	1.13 Affix initial		3 Hours	ITO II, ITO I, CMT II ITRMD
	1.14 Sign the clearance			

	1.15 Release of documents		1 Hour	Senior Manager ITMD
	1.16 Log the document (Outgoing)		1 Hour	SIA I/SIO I ITRMD
	1.17 Receive the documents		1 Hour	SIO II, CLERK III, ADMIN ASST.C ITMD
	1.18 Log the document (Incoming)			
	1.19 Release the document			
	1.20 Log the document (Outgoing)			
<b>TOTAL:</b>			<b>2 days</b>	

**142. 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 for updating.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizen, G2B - Government to Business			
<b>Who May Avail:</b>	Any PhilHealth Offices whether PRO Support Office, Branches, LHIO's, external office(gov't and private)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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				
<b>TOTAL:</b>			<b>7 Days</b>	

### 143. 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 addressed in 5 working days depending on the evaluation of the endorsed concern and the number of offices who can comply with the stated inquiries.

<b>Office:</b>	IT Management Department - ITRMD (Database Group)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business, G2G - Government to Government			
<b>Who May Avail:</b>	Any PhilHealth Client (external and internal)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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			
	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 Conduct review of document		3 Days, 7 Hours	ITO I, ISA III, ISA II, CMT II, CMT I ITRMD
	1.7 Prepare memo response / acknowledge receipt			
	1.8 Review of memo		2 Hours	ITO II ITRMD
	1.9 Approval of Memo		2 Hours	ASM, ITMD
	1.10 Log the document		1 Hour	SIA I/SIO I ITRMD
	1.11 Release of Memo			
<b>TOTAL:</b>			<b>5 Days</b>	

#### 144. 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.

<b>Office:</b>	ITRMD			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C- Government to Citizens, G2B - Government to Business			
<b>Who May Avail:</b>	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; 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.	1. Receive, log and endorse the Network Request Form with complete attachments to OIC-Division Chief	None	1 hour	SIA I/SIO I ITRMD
	2. Delegates to Network Team Head		2 hours	ITO II ITRMD
	3. Assigns to Network Team		30 minutes	ITO I ITRMD
	4. Conduct planning for the request.		3 days	ITO I ITRMD
	<i>-Checks if there are available resources to be used</i>			
	5. Provision the Server		2 days	
	6. Windows update and install all necessary requirements to be used including Anti-Virus		3 days	
<b>TOTAL:</b>			<b>8 days, 3 hours and 30 minutes</b>	

### 145. 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.

<b>Office:</b>	ITRMD			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C- Government to Citizens, G2B - Government to Business			
<b>Who May Avail:</b>	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 (files indicating path / location of newly compiled executable files)		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 Updated; b. The path where update file located; c. The reason of update; d. Feature of the update; e. Other related materials;	1. Receive, log and endorse the Network Request Form with complete attachments to OIC-Division Chief	None	1 hour	SIA I/SIO I ITRMD
	2. Delegates to Network Team Head		2 hours	ITO II ITRMD
	3. Assigns to Network Team		30 minutes	ITO I ITRMD
	4. Updates the Servers		1 hour	ITO I, CMT II, CLERK III ITRMD
	5. Email Helpdesk once the update has been done		12 minutes	ITO I, CMT II, CLERK III ITRMD
<b>TOTAL:</b>			<b>4 hours and 42 minutes</b>	

**146. 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.

<b>Office:</b>	ITRMD			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2C- Government to Citizens, G2B - Government to Business			
<b>Who May Avail:</b>	Head Office Personnel			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Copy of Service Request Form (SRF) One (1) Original Copy of Property Accountability Request Form (PARF)			Requesting Office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Fully accomplished Service Request Form (SRF)	Request for Operating System Repair/Installation:	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 components/parts declared in the SRF are complete (to be witnessed by the requesting party)		5 hours	
	3. Record the received document in a document tracking system		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 thru email/phone.		1 hour	
	7. Prepare Evaluation Report		6 hours	
<b>TOTAL:</b>			<b>7 Days Upon Receipt Of Equipment (For Each Machine)</b>	

# **Information Management Sector (IMS)**

## **IV. ISMD**

### 147. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government			
<b>Who May Avail:</b>	Health Care Institutions, Government Agencies, Other external partners			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One (1) Original Copy of Software Certification Application Form (SCAF)			PhilHealth Website	
One (1) Original Copy of Non-Disclosure Agreement (NDA)				
One (1) Original Copy of Software Certification Agreement (SCA)				
One (1) Original Copy of Software Certification Kit (SCK)			PhilHealth Regional Office IT	
One (1) Original Copy of Software Valuation Test Form (SSVTF)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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 the 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
<b>TOTAL:</b>			<b>20 working days</b>	

#### 148. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government			
<b>Who May Avail:</b>	Any external partners with existing MOA/Contract facilitated by a Business Process or Program Office			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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,	None	10 working days	Scrum Team ISMD

	security to be implemented and the input/output parameters.			
	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
<b>TOTAL:</b>		<b>None</b>	<b>59 working days</b>	

### 149. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government			
<b>Who May Avail:</b>	Any PhilHealth Business Process Units or Program Offices.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.	None	5 working days	Scrum Team

	<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>			
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	<p>4.1. Conduct the Daily Scrum.</p> <p>4.2. Conduct the Sprint Review.</p> <p>4.3. Endorse the developed application for user acceptance test and security assessment compliance.</p> <p>4.4. Update the Project Journal.</p>	None	10 working days from project start date	Scrum Team ISMD
5. Submit the completely signed System Acceptance Form (SAF).	<p>5.1. Prepare for the deployment documentations.</p> <p>5.2. Submit deployment requirements to the IT Resource Management Division - IT Management Department.</p> <p>5.3. Conduct Sprint Retrospective.</p> <p>5.4. For publicly facing applications, endorse project to Information Security Department to facilitate 3rd Party Vulnerability Assessment Test</p>	None	5 working days	Scrum Team ISMD
Repeat processes from 2-5 until all project deliverables has been completed.				
<b>TOTAL:</b>			<b>31 working days per project iteration</b>	

### 150. 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 deployed in the PhilHealth IT Infrastructure.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	PRO IT, Business or Program Offices, Contracted Software Providers/Consultants			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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. Receive 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
<b>TOTAL:</b>			<b>20 working days</b>	

### 151. 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.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C - Government to Citizen, G2B - Government to Business and G2G - Government to Government			
<b>Who May Avail:</b>	Internal or external users of PhilHealth Systems			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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)	Concerned Scrum Team

			8-20 working days (complex)	
	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
<b>TOTAL:</b>			<b>6 working days (simple)</b> <b>10 working days (moderate)</b> <b>22 working days (complex)</b>	

## 152. SYSTEM INTEGRATION AND DATA SHARING SERVICES

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

<b>Office/Division:</b>	IT Management Department - IS Management Division				
<b>Classification:</b>	Highly Technical				
<b>Type of Transaction:</b>	G2B - Government to Business and G2G - Government to Government				
<b>Who May Avail:</b>	Health Care Institutions, Government Agencies, Other external partners				
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>		
Service Request Form (#1 original copy)			IT Helpdesk		
Business User Requirements Document (#1 original copy)			Requesting Office		
PhilHealth Circular and Policy Issuances (#1 copy)					
Corporate Orders and Implementing Guidelines (#1 copy)					
Standard Operating Procedures (#1 copy)					
Risk Assessment Certificate (#1 copy)					
Updated Prioritized Sector Project List (#1 signed original copy)			Sector of the Requesting Office		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>	
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.	None	5 working days	Scrum Team ISMD	

	2.4. Release the Project Timeline and SRS to the requesting office for approval.			
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.				
<b>TOTAL:</b>			<b>31 working days</b>	

### 153. WEBSITE AND INTRANET MANAGEMENT SERVICES

The service involves the processing of requests for the PhilHealth Corporate Website and Intranet Site.

<b>Office/Division:</b>	IT Management Department - IS Management Division			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Any PhilHealth Offices			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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 and Infrastructure Department (PRID)	
Risk Assessment Certificate (#1 photocopy copy)			Risk Management Department	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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.	<p>2.1. Update the good ticket to reflect the scheduled period.</p> <p>2.2. Perform the request.</p> <p>2.3. Update the ticket status to "RESOLVED" and record "DONE SUBJECT TO USER VALIDATION".</p> <p>2.4. Submit a Ticket Closure Report and Client Satisfaction Survey to the requesting office.</p>	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
<b>TOTAL:</b>		<b>None</b>	<b>16 working days</b>	

# **Information Management Sector (IMS)**

## **V. PMO-PIMS**

#### 154. 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.

<b>Office:</b>	PMO-PIMS			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government G2B - Government to Business			
<b>Who May Avail:</b>	All Information Management Sector (IMS) Clients			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. Report from a certain office/ BPO concerning the system application/s, IT services, et al.			Office of the Chief Information Officer	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
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
<b>TOTAL:</b>			<b>11 to 17 days</b>	

**155. HANDLING REQUESTS ON MICROSOFT TEAMS AS THE OFFICIAL CORPORATE VIRTUAL TOOL FOR MEETINGS AND LIVE EVENTS.**

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.

<b>Office/Division:</b>	Project Management Office- PhilHealth Identity Management System			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	C2G- Government to Government			
<b>Who may avail:</b>	All PhilHealth Offices/with or without Microsoft Office 365 License			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
(1)Virtual Tool Request Form (VTRF) (1) Notice of Meeting 3. Email Request / Phone Call		PMO-PIMS Office		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the signed VTRF, NOM through email or hard copy in the PMO PIMS office.	1.1 Receives and log the requests 1.2 Check the completeness of the received documents 1.3 Forward to the MS Teams Team	None	5 mins	Administrative Receiving Officer
	1.4 Creation of MS Teams Link 1.5 Email the requested MS Teams link	None	5 minutes	Social Insurance Assistant I
2. Email request for a copy of the meeting recording	2.1 Download the meeting recording in One Drive 2.2 Email the link to the recording	None	5 minutes (dependent on the internet stability)	Social Insurance Assistant I
<b>TOTAL:</b>		<b>NONE</b>	<b>15 Minutes</b>	

# **Information Management Sector (IMS)**

## **VI. Task Force Informatics (TFI)**

## 156. DATA EXTRACTION

Extraction of Raw Data to desired output layout

<b>Office:</b>	Task Force Informatics			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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	FEES 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)	None	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		15mins	Developer TFI
	1.7 Creates SIMPLE script		1hr	Developer TFI
	1.8 Creates COMPLEX script		1 day	Developer TFI
	1.8 Creates HIGHLY TECHNICAL script		3 days	Developer TFI

	1.9 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for SIMPLE requests		1 day	Developer TFI
	1.10 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for COMPLEX requests		5 days	Developer TFI
	1.11 Test run script, modifies script, generates output, validates results, quality assurance of results and documentation (repeat if needed) for HIGHLY TECHNICAL requests		15 days	Developer TFI
	1.12 Updates to logs of TFI requests		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				
<b>TOTAL:</b>			<b>20 days</b>	

## 157. DASHBOARD OR REPORTS

### Creation of PCD Dashboard or Reports

<b>Office:</b>	Task Force Informatics			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	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	None	20 minutes	Clerk TFI
	1.2 Reviews and assesses request specification requirements and assignment of developer; updates log of TFI requests		20 minutes	Analyst TFI
	1.3 reviews and drafts design of expected dashboard or report		15 minutes	Developer TFI
	1.4 Sets meeting with requesting party		10 minutes	Clerk TFI
	1.5 Presents draft and finalizes requirements of requested dashboard or report		1 day	Developer, Supervisor TFI
	1.6 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for SIMPLE dashboard or report		1 day	Developer TFI
	1.7 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for COMPLEX dashboard or reports		5 days	Developer TFI
	1.8 Generates output, validates results, quality assurance of results and documentation (repeat if needed) for HIGHLY TECHNICAL dashboard and reports		15 days	Developer TFI

	1.9 Updates to logs of TFI requests		10 minutes	Developer TFI
	1.10 Informs requesting party of the availability of dashboard or report in PCD		30 minutes	Clerk TFI
	1.11 Presents final dashboard or report to requesting party		30 minutes	Developer, Supervisor TFI
	1.12 Copy to storage devise for large volume of data		+30 minutes	Clerk TFI
	1.13 Updates to logs of TFI requests		10 minutes	Clerk TFI
<b>TOTAL:</b>			<b>20 days</b>	

## **D. Legal Sector**

### 158. ISSUANCE OF CERTIFICATE OF ONGOING/PENDING INVESTIGATION AGAINST A HEALTH CARE PROVIDER

Issuance of certification is on a per request basis

<b>Office:</b>		FACT-FINDING, INVESTIGATION, AND ENFORCEMENT DEPARTMENT		
<b>Classification:</b>		Complex		
<b>Type of Transaction:</b>		G2G – Government to Government		
<b>Who May Avail:</b>		Accreditation Committee – PRO and Accreditation Department		
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Letter Request (Single Transaction)		Accreditation Office / Committee Personnel		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Forward Letter – Request to FFIED	1.1 Receipt and recording of the request in the department’s transaction recording system	None	1 day	Administrative Personnel
	2.1 Evaluate the request 3.1 Endorse to appropriate Section to facilitate request		1 hour	Department Manager
	4.1 Administrative Personnel to look into the database 5.1 Prepare the certification letter 6.1 Seek approval from Department Manager		7 days (depending on the complexity of the request)	Administrative Personnel
	7.1 Endorse to requesting office		3 hours	Administrative Personnel
	<b>TOTAL:</b>	<b>None</b>	<b>8 days and 4 hours</b>	

<b>159. CONTRACT REVIEW</b>				
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.				
<b>Office:</b>	Internal Legal Department (ILD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government;			
<b>Who may avail:</b>	PhilHealth Regional Offices (PROs), Departments, Offices			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Endorse the request including all the necessary documents to Internal Legal Department	1.1 Receipt of endorsement 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 Internal Legal Department
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		

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.

<b>160. LEGAL OPINION</b>				
Render legal opinion to issues raised by the addressee that constitute legal matter in reference to interpretation of existing laws and regulations.				
<b>Office:</b>	Internal Legal Department (ILD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G - Government to Government; G2B - Government to Business			
<b>Who may avail:</b>	PhilHealth Regional Offices (PROs), Departments, Offices, Private Parties			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
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	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Endorse the request including all the necessary documents to ILD	1.1 Receipt of endorsement 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		
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		
None	1.7 Endorse to Office of the Senior Vice President - Legal Sector (OSVP-LSS) for SVP's approval/ comment/ modification of legal opinion	None	1 working day	Legal Assistant, Internal Legal Department
<b>TOTAL:</b>		<b>None</b>	<b>20 working days</b>	

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.

## 161. CONTRACT REVIEW

Review and approval of Contract Certification on all contracts or agreements to be entered into by the corporation to ensure that all provisions in the contract are consistent with the law and applicable rules, equitable and not prejudicial to the corporation.

<b>Office:</b>	Office of the Senior Vice-President, Legal Sector			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G/G2B			
<b>Who May Avail:</b>	PhilHealth Regional Offices (PROs), Departments, Offices, Private Parties			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Draft Contract Certification			Requesting office	
Memorandum requesting for Contract Review (1 original copy)			Requesting office	
Final draft contract/ agreement/ document subject for review (1 original copy or 1 photocopy)			Requesting office	
Certification of Complete Staff Work (CSW) - (1 original copy)			Requesting office	
Certification of Risk Assessment (if necessary) - (1 original copy)			Requesting office	
Other pertinent documents (if necessary) - (1 original copy or 1 photocopy)			Requesting office	
If originated from PROs, initial evaluation & recommendation from PRO Legal Office (1 original copy)			Requesting office	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Receive request for review of contract	Recording of the received request to the database and evaluation of the documents for assignment to Internal Legal Department	<b>NONE</b>	30 minutes	Administration Services Assistant and Executive Assistant
	For assignment of the Senior Vice-President	<b>NONE</b>	15 minutes	Senior Vice-President
	For updating the database and endorsing the request to the Internal Legal Department (routing of the documents)	<b>NONE</b>	30 minutes	Administration Services Assistant and Process Server
Receive Draft Contract Certification to the Office of the Senior Vice President for Legal Sector (OSVP-LS)	Review and approval of the Senior Vice-President	<b>NONE</b>	20 working days	Senior Vice-President

	For updating the database and routing to the Internal Legal Department for issuance of Contract Certification Number	<b>NONE</b>	30 minutes	Administration Services Assistant and Process Server
		<b>TOTAL</b>	<b>NONE</b>	<b>20 working days and 90 minutes</b>

## 162. LEGAL OPINION

Review and approval of legal opinion to the issues raised by the addressee that constitute legal matter in reference to interpretation of existing laws and regulations.

<b>Office:</b>	Office of the Senior Vice-President, Legal Sector			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G/ GSB			
<b>Who May Avail:</b>	PhilHealth Regional Offices (PROs), Departments, Offices, Private Parties			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Draft Legal Opinion		Requesting office/ Party		
Memorandum requesting for Legal Opinion (1 original copy)		Requesting office/ Party		
Pertinent documents (1 original copy or 1 photocopy)		Requesting office/ Party		
If originated from PROs, Legal Opinion issued by PRO Legal Unit (1 original copy)		Requesting office/ Party		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Receive request for legal opinion	Recording of the received request to the database and evaluation of the documents for assignment to Internal Legal Department	NONE	30 minutes	Administration Services Assistant and Executive Assistant
	For assignment of the Senior Vice-President	NONE	15 minutes	Senior Vice-President
	For updating the database and endorsing the request to the Internal Legal Department (routing of the documents)	NONE	30 minutes	Administration Services Assistant and Process Server
Receive Draft Legal Opinion to the Office of the Senior Vice President for Legal Sector (OSVP-LS)	Review and approval of the Senior Vice-President	NONE	20 working days	Senior Vice-President
	For docketing of the Legal Opinion. For updating the database and routing to the requesting office	NONE	30 minutes	Administration Services Assistant and Process Server
	<b>TOTAL</b>	<b>NONE</b>	<b>20 working days, 90 minutes</b>	

## **E. Member Management Group (MMG)**

**163. HANDLING OF INQUIRIES: POLICY GUIDELINES ON MEMBERSHIP, CONTRIBUTION AND BENEFIT AVAILMENT AND CLAIMS CONCERNS**

This service provides for the official Reply / Resolutions / Clarifications / Recommendations regarding inquiries pertaining to policies and guidelines concerning Membership, Contribution, and Benefit Availment.

<b>Office/Division:</b>	Member Management Group (All Departments)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G– Government to Government			
<b>Who may avail:</b>	PhilHealth Offices			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Copy of documents for evaluation (Letter, Memo, Issuances and/or policies, reports and other correspondences.			Concerned offices (internal and external clients)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Endorsement of documents to the OVP-MMG for appropriate action	1.1. Receives and logs the documents containing the inquiry.	None	1 working day	Social Insurance Assistant I; Executive Assistant; OVP, MMG
	1.2. Evaluate to whom the inquiry will be endorsed for appropriate action by the concerned Segment.			
	1.3. Endorse to concerned Segment.			
	1.4. Concerned Segment receives and logs the endorsed document.			
	1.5. Assignment to concerned Segment head/staff for appropriate action.			
	1.6. Segment head/staff performs CSW and prepares draft reply memos and/or recommendations.		5 working days	Social Insurance Assistant / Officer / Specialist of the concerned Segment

	1.7. Endorse back to the OVP-MMG for approval of the reply memos / recommendations by the Vice President.			
	1.8. Review and approval by the Vice President		1 working day	Social Insurance Assistant I; Executive Assistant; Vice President of the OVP, MMG
2. Receives the Reply / Resolutions / Clarifications / Recommendations.	1.9. Once signed off by the Vice President, immediate endorsement to concerned stakeholders			
<b>TOTAL:</b>		<b>None</b>	<b>7 working days</b>	

**164. REQUEST FOR DEVELOPMENT OF BUSINESS OR USER REQUIREMENTS SPECIFICATIONS FOR THE DEVELOPMENT AND ENHANCEMENT OF IT SUPPORT SYSTEM APPLICATIONS FOR MEMBERSHIP AND CONTRIBUTIONS**

Business requirements in the context of software engineering or the software development life cycle, is the concept of eliciting and documenting business requirements of business users such as customers, employees, and vendors early in the development cycle of a system to guide the design of the future system.

<b>Office/Division:</b>	Member Management Group (PMDMD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Concerned Segments of the MMG			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
One original copy of the following: - Written request detailing the need for the Business or User Requirements Specification as requisite for the development or enhancements of systems applications. - System Requirement Form (SRF) - User Acceptance			Concerned segments.	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submission of the request for development or enhancements of IT support application system.	1.1. Prepare Business / User Requirements Specifications (BRS or URS)	None	*33 working days	Technical staff and Segment Head of the concerned Department
	1.2. Secure approval of the BRS / URS requests and specifications.		2 working days	5 Team members
	1.3. Develop or Enhance a prototype for testing		3 working days	System Analyst and Programmer of ITMD
2. Participate in the testing.	1.4. Conduct of functionality testing and submission of findings		5 working days	System Analyst and Programmer of ITMD; Technical Staff of the concerned MMG Office

	1.5. Develop or Enhance the system and conduct of the final testing based on the submitted findings.		5 working days	System Analyst and Programmer of ITMD
	1.6. Conduct of the final testing based on the submitted findings.		5 working days	System Analyst and Programmer of ITMD; Technical Staff of the concerned MMG Office
	1.7. Secure approval of the system.		2 working days	
	1.8. Implement and monitor the IT application system.		2 working days	
<b>TOTAL:</b>		<b>None</b>	<b>57 Working days</b>	<b>5 Team members</b>
<p>* Well-defined business requirements help lay out a project charter, a critical step in executing business strategy or business goals, and to take it to the next logical step of developing it into an IT system. This helps monitoring overall project health and provides for positive traction with key project stakeholders including sponsors.</p>				

**165. REQUEST FOR DATABASE QUALITY AND ANALYSIS**

Review, validation and analysis of data pertaining to Membership and Contributions

<b>Office/Division:</b>	Member Management Group (PMDMD)			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government			
<b>Who may avail:</b>	Concerned Segments of the MMG			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One original TFI Extraction Request Form		Task Force Informatics		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Request for data extraction relative to contributions and membership	1.1. Identify data errors in the database  1.2. Provide criteria for data extraction  1.3. Organize and validate extracted data.  1.4. Forward extracted list to regional offices.	None	5 working days	Technical staff and head of the Division  5 Team members
<b>TOTAL:</b>		<b>None</b>	<b>5 Working days</b>	<b>5 Team members</b>

## **F. Management Services Sector (MSS)**

### **I. Human Resource Department**

### 233. REQUEST FOR EMPLOYEE RECORD

(Certified True Copy of 201 Records, Certificate of Employment, Certificate of Compensation, Certificate of 20% Employee Discount, Service Records, Leave Credits, and Certificate of Performance Rating)

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government, G2C - Government to Client			
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. HRD Form - Request for Record			Human Resource Department/PRO Human Resource Unit or in the HRD Website - Downloadable Forms ( <a href="http://primehrd-svr.philhealth.gov.ph/hr-forms/">http://primehrd-svr.philhealth.gov.ph/hr-forms/</a> )	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the HRD Form - Request for Record.	1. Receiving Clerk accepts the properly filled-out Request for Employee Records.	none	1 hour	HRD/ PRO HRU Receiving Clerk
	2. Receiving Clerk prepares the requested record (201 Records, Certificate of Employment, Certificate of Compensation, Certificate of 20% Employee Discount, Service Records, Leave Credits, and Certificate of Performance Rating) and submits the record to the authorized signatory.	none	1 hour	HRD/ PRO HRU Receiving Clerk  HRMO/Senior Manager for HRD
	3. Endorses it to the Outgoing Clerk for sending via email or receiving of the employee.	none	1 hour	Outgoing Clerk
2. Receive the requested record	3. Files the receiving copy duly signed by the requesting employee.	none	1 hour	Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	<b>4 hours</b>	

### 233. REQUEST FOR EMPLOYEE RECORD

(Certified True Copy of 201 Records, Certificate of Employment, Certificate of Compensation, Certificate of 20% Employee Discount, Service Records, Leave Credits, and Certificate of Performance Rating)

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government, G2C - Government to Client			
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. HRD Form - Request for Record			Human Resource Department/PRO Human Resource Unit or in the HRD Website - Downloadable Forms ( <a href="http://primehrd-svr.philhealth.gov.ph/hr-forms/">http://primehrd-svr.philhealth.gov.ph/hr-forms/</a> )	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the HRD Form - Request for Record.	1. Receiving Clerk accepts the properly filled-out Request for Employee Records.	none	1 hour	HRD/ PRO HRU Receiving Clerk
	2. Receiving Clerk prepares the requested record (201 Records, Certificate of Employment, Certificate of Compensation, Certificate of 20% Employee Discount, Service Records, Leave Credits, and Certificate of Performance Rating) and submits the record to the authorized signatory.	none	1 hour	HRD/ PRO HRU Receiving Clerk  HRMO/Senior Manager for HRD
	3. Endorses it to the Outgoing Clerk for sending via email or receiving of the employee.	none	1 hour	Outgoing Clerk
2. Receive the requested record	3. Files the receiving copy duly signed by the requesting employee.	none	1 hour	Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	<b>4 hours</b>	

### 233. REQUEST FOR EMPLOYEE DATA RECORD UPDATING

(Birth Certificate, Marriage Certificate, Transcript of Records, Barangay Certificate/ID Issuance Forms)

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. HRD Form - Request for Record		Human Resource Department/PRO Human Resource Unit or in the HRD Website - Downloadable Forms ( <a href="http://primehrd-svr.philhealth.gov.ph/hr-forms/">http://primehrd-svr.philhealth.gov.ph/hr-forms/</a> )		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the HRD Form - Request for Record.	1. Receiving Clerk accepts the properly filled-out Request for Employee Records.	none	5 minutes	HRD/ PRO HRU Receiving Clerk
	2. Receiving Clerk screens and authenticate/validate the attachments or supporting documents for completeness (Birth Certificate, Marriage Certificate, Transcript of Records, Barangay Certificate/ID Issuance Form)	none	15 minutes	HRD/ PRO HRU Receiving Clerk
	3. Endorses it to the HRMA/HRMO I for encoding/updating to the HR databases	none	5 minutes	HRD/ PRO HRU Receiving Clerk

	4. HRMA/HRMO I performs HR databases updating based on the authenticated/validated documents submitted.	none	15 minutes	HRD/ PRO HRMA/HRMO I
	5. Once updated, HRMA/HRMO endorses the authenticated/validated documents to the receiving clerk for F201 filing.	none	5 minutes	HRD/ PRO HRMA/HRMO I
	6. Files the receiving copy duly signed by the requesting employee.	none	15 minutes	HRD/ PRO HRU Receiving Clerk
<b>TOTAL:</b>		<b>none</b>	<b>55 minutes</b>	

### 233. REQUEST FOR HRIS DATA/REPORTS

(Human Resource Inventory, Total Compensation Framework, HR Statistical Reports)

<b>Office:</b>	Human Resource Department			
<b>Classification:</b>	Simple to Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	Internal Offices			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. HRD Form - Request for Record		Human Resource Department/PRO Human Resource Unit or in the HRD Website - Downloadable Form ( <a href="http://primehrd-svr.philhealth.gov.ph/hr-forms/">http://primehrd-svr.philhealth.gov.ph/hr-forms/</a> )		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the HRD Form - Request for Record.	1. Receiving Clerk accepts the properly filled-out Request for HRIS Data/Reports	none	5 minutes	HRD Receiving Clerk
	2. Receiving Clerk endorses the request to the HRIS Head for approval	none	5 minutes	HRD Receiving Clerk
	3. HRIS Head reviews, determines the scope and approves the request.	none	10 minutes	HRD - HRIS Head
	4. if the request is already available pro-forma, endorses it to the HRMA for data extraction. If request parameters are complex, the HRIS Head shall do the data extraction.	none	5 minutes	HRMA HRIS Head

	5. Perform data extraction and report generation.	none	1 hour for simple reports 1-3 days for moderate reports 5 days for complex reports	HRMA  HRIS Head
	6. Endorses it to the Outgoing Clerk for sending via email or receiving of the employee/office.	none	5 minutes	Outgoing Clerk
2. Receive the requested record	7. Files the receiving copy duly signed by the requesting employee/office.	none	5 minutes	Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	1 hour 35 minutes for simple reports 3 days for moderate reports 5 days for complex reports	

### 233. REQUEST FOR EXTERNAL TRAINING

External Training refers to local training activities initiated, organized, offered as public offerings (not exclusive to PhilHealth), and conducted by training institutions/firms other than PhilHealth. Employees who have been appointed to either career or non-career employees for at least six (6) months may be allowed to participate in conventions, seminars, conferences, symposia and such other activities conducted by non-government organizations or private institutions for a fee, as part of the human resource development program of the government, chargeable to the budget of the Corporation.

Office:	Human Resource Department			
Classification:	Simple Transaction			
Type of Transaction:	Government to Government			
Who May Avail:	All PhilHealth Employees (Regular and Casual)			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Properly accomplished External Training Nomination Form (ETNF) for Evaluation of HRD-CO or HR Unit-PRO (CO No. 2022 - 0022)			Human Resource Department (Learning and Development Team)/PRO Human Resource Unit or in the HRD Website (Editable Form)	
Invitation with the course content/syllabus, Training Date, Registration Cost and Contact Details of the Training Provider			Institution who will conduct/provide the Learning Intervention	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit Properly accomplished External Training Nomination Form (ETNF) attached the invitation with course content/syllabus	Receive, screen, competeness of ETNF	None	1 day	HRD/HRU/Receiving Clerk
	Evaluate ETNF based on the requirements indicated on Corporate Order No. 2022 - 0022 Learning and Development Management System for PRIME HRM and prepare required Corporate Personnel Order (CPO)	None	4 days	Learning and Development Team

	Sign Document Review and Approval Request (DRAR) and initial the CPO	None	2 days	Learning and Development Team Head Division Chief HRD Senior Manager
<b>TOTAL:</b>		<b>None</b>	<b>3 days</b>	

Notes:

- a. The DRAR and CPO will still be signed and processed by Comptrollership Department and Office of the Senior Vice President for Management Services Sector
- b. The numbering and posting is being done by Records Section
- c. For bulk requests (i.e. 6 ETNFs or more), processing time shall be agreed upon with the requesting party

**233. REQUEST FOR CERTIFICATION OF TRAININGS ATTENDED**

Employees request for certification for all the learning and development programs that they have attended

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All PhilHealth Employees (Regular and Casual)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Accomplished Request for Documents Form		Human Resource Department/PRO Human Resource Unit or in the HRD Website (Downloadable Form)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the HRD Form - Request for Record.	Accepts the properly filled out Request; gather data and prepares the Certificate; signs the Certification and sends via email or receiving of the employee	none	3 days	HRD - Learning and Development Team Head
<b>TOTAL:</b>		<b>None</b>	<b>3 days</b>	

### 234. PROCESSING OF APPLICATION FOR LEAVE

Vacation Leave, Sick Leave, Maternity Leave, Paternity Leave, Special Leave Privilege, Solo Parent Leave, VAWC Leave, Special Leave Benefits, Special Emergency Leave

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government	
<b>Who May Avail:</b>	All PhilHealth Employees (Regular and Casual)	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1.	Accomplished Leave Form (Civil Service Form No. 6) (Original/photocopy)	
2.	Medical Certificate for sick leave incurred exceeding five (5) days	
3.	Accomplished clearance form (Civil Service Form No. 7) (2 original)	
<i>Additional Requirements For Maternity Leave application:</i>		
4.	Proof of pregnancy e.g. ultrasound, doctor's certificate on the expected date of delivery	
5.	Accomplished Notice of Allocation of Maternity Leave Credits (CSC Form No. 6a), if needed)	
<i>Additional Requirements For Paternity Leave application:</i>		
4.	Proof of child's delivery e.g. birth certificate, medical certificate	
5.	Marriage Contract	
<i>Additional Requirements For Solo Parent Leave application:</i>		
4.	Solo Parent Identification Card	

CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Fill out the leave form. Secure immediate supervisor and Department/Office Head's recommendation/ approval. *for vacation leave/anticipated leave: filing should be at least two (2) working days before actual leave *for emergency/sick leave: filing should be done within 2 working days after *for maternity leave: filing should be at least thirty (30) calendar days in advance	1. Provide the leave form	none	1 hour	HRD/ PRO HRU Receiving Clerk
2. Submit the accomplished leave form including the documentary requirements to the Receiving Clerk	2. Check completeness of documentary requirements.	none	1 hour	HRD/ PRO HRU Receiving Clerk
3. Receive the photocopy of the leave, if applicable.	3. Review completeness of documentary requirements and certify leave balances.	none	1 hour	HRD/ PRO HRU Officer
none	4. Record the approved application	none	1 hour	HRD/ PRO HRU Officer
<b>TOTAL:</b>		<b>none</b>	<b>4 hours</b>	

### 235. PROCESSING OF SALARY

Compensation paid to an employee by an employer in return for work performed.

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2G - Government to Government	
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order Contractors	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
<b>First Salary</b>		
1. Approved Daily Time Record (DTR)	1. Human Resource Department	
2. Certificate of Assumption to Duty	2. Human Resource Department	
3. Approved Appointment	3. Human Resource Department	
4. Oath of Office	4. Human Resource Department	
5. Latest Statement of Assets, Liabilities and Networth	5. Human Resource Department	
6. BIR Forms 1902 or 2305	6. Human Resource Department or BIR Website	
7. BIR Form 2316 (if applicable)	7. Previous Employer within the year	
8. Budget Utilization Request	8. Human Resource Department	
9. Disbursement Voucher	9. Human Resource Department	
9. Certification that the employee concerned comply with the BIR Tin, GSIS, PhilHealth and Pag-ibi Number.	10. Human Resource Department	
10. Duly certified computation	11. Human Resource Department	
Additional Requirements for Employees from Other Government Agency		
1. Approved Clearance from Money, property and legal accountabilities	1. Previous Employer	
2. Certificate of Last Salary Received	2. Previous Employer	
3. Memorandum of Agreement (detailed or secondment)	3. Human Resource Department	
<b>Last Salary</b>		
1. Approved Daily Time Record (DTR)	1. Human Resource Department	
2. Acceptance of Resignation/ Retirement	2. Human Resource Department	
3. Approved Clearance from Money, property and legal accountabilities	3. Human Resource Department	
4. Affidavit of Undertaking	4. Human Resource Department	
5. Clearance from GSIS of no outstanding loan	5. Government Service Insurance System	

6. Duly certified computation	6. Human Resource Department			
7. Budget Utilization Request	7. Human Resource Department			
8. Disbursement Voucher	8. Human Resource Department			
<b>Actual Services Rendered (Leave Exhausted)</b>				
1. Budget Utilization Request	1. Human Resource Department			
2. Duly certified computation	2. Human Resource Department			
3. Notice of Salary Deduction	3. Human Resource Department			
4. Approved DTR	4. Human Resource Department			
5. Approved Application for Leave	5. Human Resource Department			
6. Medical Certificate (if applicable)	6. Hospital			
7. Certification from HRD that the employee was not included in the payroll for the period being claimed.	7. Human Resource Department			
<b>Salary Differential Due to Promotion</b>				
1. Budget Utilization Request	1. Human Resource Department			
2. Disbursement Voucher	2. Human Resource Department			
3. Duly certified computation	3. Human Resource Department			
4. Approved Appointment				
5. Approved DTR				
6. Assumption to Duty				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the documentary requirements	1. Check the completeness and correctness of the submitted documents	none	1 hour	HRD/ PRO HRU Receiving Clerk
	2. Compute the actual services rendered and prepare the voucher	none	1 day	HRMO
	3. Forward the voucher to Comptrollership Department for processing.	none	2 hours	Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	<b>1 day and 3 hours</b>	

## 236. PROCESSING OF OFFICIAL BUSINESS SLIP

This describes the procedures on the processing of Official Business Slip and issuance of Reference Number

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order Contractors			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
1. HRD Form - Official Business Slip 2. Certificate of Appearance/ Certificate of Completion of Task			Human Resource Department/PRO Human Resource Unit or in the HRD Website (Downloadable Form)	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the accomplished Official Business Slip Form	1.1 Accept and assess completeness of data  Deficient - Inform requesting party of any deficiency and enumerate the missing data	none	1 hour	HRD/ PRO HRU Receiving Clerk
	1.2. Verify/Validate the purpose of travel and eligibility of signatory  With deficiency – return the form to the requesting party. (If the purpose of travel is not connected to official duty, return to requesting party.)  Complete - Issue a unique OBS Reference Number (If the purpose of travel is connected to official duty, receive the OBS form.)			

2. Return to the receiving clerk and submit the corresponding Certificate of Appearance or Certification of Completion Task	2.1. Accept the Certificate of Appearance of Certificate of Completion of Task issued by authorized signatory  Deficient - Inform requesting party of any deficiency and enumerate the missing data	none	1 hour	HRD/ PRO HRU Receiving Clerk  HRMO/Senior Manager for HRD
	2.2. Record the OBS number and reflect to the Attendance Monitoring Database	none		Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	<b>2 hours</b>	

### 237. REQUEST FOR CORRECTION OF DTR ENTRIES

An employee may request for inclusion of data to Daily Time Records upon submission of requisite supporting documents

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All PhilHealth Employees and Job Order Contractors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. HRD Form - Daily Time Correction Form 2. Copy of Guard's Log Book 3. Letter Request with at least two (2) Witnesses - if no record in the guard's logbook		Human Resource Department/PRO Human Resource Unit or in the HRD Website - Downloadable Forms ( <a href="http://primehrd-svr.philhealth.gov.ph/hr-forms/">http://primehrd-svr.philhealth.gov.ph/hr-forms/</a> )		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished Official Business Slip Form and supporting document if applicable	1.1 Receiving Clerk accepts the Daily Time Correction Form and check the completeness of data	none	1 hour	HRD/ PRO HRU Receiving Clerk
	1.2. Evaluate the supporting documents and assess authenticity  With Deficiency - Return the form to the requesting party to complete the data/attach the supporting documents  Complete and In Order - Receive the data and process the request	none	1 hour	HRD/ PRO HRU Receiving Clerk  HRMO/Senior Manager for HRD

	<p>1.3 Forward to the authorized supervisor for validation/approval of request</p> <p><i>Request for pertaining to AM Time "In" and PM Time "Out" should be supported by letter request indicating a valid justifiable reason. Approving Officer is the HRD Senior Manager.</i></p> <p><i>The HRD-AMLA supervisor is authorized to approve request for correction of DTR entries that are not captured due to system error</i></p>	none	1 day	Approving Officer/authorized supervisor
	1.4. Record the entries to Attendance Monitoring Database	none	1 hour	Outgoing Clerk
	1.5. Issuance of DTR print out, if requested	none	1 hour	Outgoing Clerk
<b>TOTAL:</b>		<b>none</b>	<b>5 hours</b>	

### 238. PROCESSING OF APPLICATION FOR STUDY LEAVE /VACATION LEAVE FOR PURPOSES OF STUDY

The study leave is an option offered to qualified PhilHealth employees and officers to help them prepare for their licensure examination or to complete their master's degree.

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who May Avail:</b>	All PhilHealth Regular employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent		Employee concerned		
2. Application for Leave of Absence (ALA) Form		HRD/ PRO HR Unit or HRD Website		
3. Application for Clearance Form		HRD/ PRO HR Unit or HRD Website		
4. Workload Distribution Form		HRD/ PRO HR Unit or HRD Website		
5. Certificate of No Pending Administrative and Criminal Case		OSVP - Legal Sector		
6. Certification that profession is relevant to the current job		Immediate Supervisor/ Head of Office		
7. Certificate of No Current Scholarship Grant		HRD/ PRO HR Unit		
8. Proof of Enrollment (Registration Card)		School or Institution Concerned		
CLIENT STEPS	AGENCY ACTION*	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Letter of Intent with approval of immediate supervisor and Head of Office	1. Review, screen as to completeness of requirements, evaluate if qualified or not and prepare the endorsement letter and attached the submitted documents indicated in the checklist	none	3 working days	HRD

2. Submit the accomplished forms in the checklist	2. Route the endorsement letter together with the submitted complete documents for approval of the HRD Senior Manager	none	2 working days	HRD
	3. Prepare and send Notice of Approval to qualified employee, regret letter if not qualified, prepare Service Obligation Contract and provide all approved documents to employee concerned, AMLA, Payroll and HRIS Units for updating records	none	2 working days	HRD
<b>TOTAL:</b>		none	7 working days	

*\*exclusive of review, screen as to completeness of requirements and approval of concerned offices (OSVP-MSS, Sector Head of employee concerned, OCOO and OPCEO)*

### 239. REQUEST FOR PUBLICATION/POSTING OF VACANT POSITION

Notice of Vacancy

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who May Avail:</b>	Heads of Departments/Offices/PROs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request for Publication/Posting of Vacant Position		Human Resource Department (HRD)/ PRO-Human Resource Unit		
Every 16 <sup>th</sup> of each month (to cover requests received from the 1 <sup>st</sup> and 2 <sup>nd</sup> week of applicable month, including requests received from the 3 <sup>rd</sup> and 4 <sup>th</sup> week of previous month) or as the need arises				
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>FOR CENTRAL OFFICE VACANCIES</b>				
1. Fill out Request for Publication/ Posting of Vacant Position	1. Receiving Clerk accepts the properly filled-out form (with signature of concerned office/ department head)	none	1 hour	Receiving Clerk of HRD
	2. Receiving Clerk provides copy of acknowledged form (signed with date of receipt)	none	1 hour	Receiving Clerk of HRD
	3. Receiving Clerk endorses the Request for Publication/ Posting of vacant position to RSP Staff	none	1 hour	Receiving Clerk of HRD
2. Receive copy of acknowledged form	4. RSP Staff validates if vacant position can be published	None	1 day	HRD-RSP staff

	<p>4.1 If the reason for vacancy is due to resignation/ retirement/ separation/transfer to another gov't institution/death</p> <p>4.1.a Confirm if the resignation/retirement/separation/transfer has been accepted. If yes, prepare for posting</p> <p>4.1.b If reason for vacancy is death of the incumbent, prepare posting</p>	none		HRD-RSP Staff
	<p>4.2 If the reason for vacancy is due to promotion of former incumbent.</p> <p>4.2.a Confirm if promotion is already validated by Civil Service Commission (CSC). If yes, prepare for posting</p>	none		HRD-RSP Staff
	<p>5. RSP staff prepares Notice of Vacancy for signature/approval of authorized official</p>	none	2 days	HRD-RSP Staff
	<p>6. RSP staff submits duly signed Notice of Vacancy to the CSC for CSC website posting, and to the Information Technology and Management Department for PhilHealth website posting, and to the Records and Library Management Section (ReLMS) for posting in the corporate outlook.</p>	none	1 day	HRD-RSP Staff
<b>TOTAL:</b>		none	4 days and 3 hours	

<b>FOR REGIONAL OFFICE VACANCIES</b>				
1. Fill out Request for Publication/ Posting of Vacant Position	1. RSP staff accepts the properly filled-out form (with signature of concerned PRO Head)	None	1 hour	PRO HRU HRD-RSP staff
	2. RSP staff provides copy of acknowledged form (signed with date of receipt)	None	1 hour	HRS-RSP staff
2. Receive copy of acknowledged form	4. RSP Staff validates if vacant position can be published	None	1 day	HRD-RSP staff
	4.1 If the reason for vacancy is due to resignation/ retirement/separation transfer to another gov't institution/death 4.1.a Confirm if the resignation/retirement/separation/ transfer has been accepted. If yes, prepare for posting 4.1.b If reason for vacancy is death of the incumbent, prepare posting			HRD-RSP staff
	4.2 If the reason for vacancy is due to promotion of former incumbent. 4.2.a Confirm if promotion is already validated by Civil Service Commission (CSC) 4.2.b If yes, prepare for posting			HRD-RSP staff
	5. RSP staff prepares Notice of Vacancy for signature/approval of authorized official	None	2 days	HRD-RSP staff
	6. RSP staff submits duly signed Notice of Vacancy to the CSC for CSC website posting, and to the Information Technology and Management Department for PhilHealth website posting and to the Records and Library Management Section (ReLMS) for posting in the corporate outlook.	None	1 day	HRD-RSP staff
<b>TOTAL:</b>		<b>none</b>	<b>4 days and 3 hours</b>	

## 240. ACCEPTANCE OF LETTER OF INTENT TO RESIGN/TRANSFER/RETIRE FROM GOVERNMENT SERVICE

Application for Retirement, Resignation

<b>Office:</b>	Human Resource Department/PRO Human Resource Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G (Government to Government)			
<b>Who May Avail:</b>	All PhilHealth officers and employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Letter of Intent to resign/retire/transfer 2. Accomplished exit interview				
Letter of intent to resign/transfer should be submitted at least 30 days before the effectivity of resignation/transfer while the Letter to intent to retire (optional or mandatory) should be submitted at least 120 calendar days or 4 months prior to actual date of retirement				
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit letter of intent to resign/transfer/retire	1. Receiving Clerk accepts the letter of intent to resign/transfer/retire	none	1 hour	HRD/ PRO HRU Receiving Clerk
	2. Receiving Clerk checks if letter of intent is submitted at least 30-days before effective date of resignation/transfer/retirement	none	1 hour	HRD/ PRO HRU Receiving Clerk
	3. Receiving Clerk provides copy of acknowledged letter of intent to resign/transfer/retire (signed with date of receipt)	none	1 hour	HRD/ PRO HRU Receiving Clerk

2. Receive copy of acknowledged letter of intent	4. Endorses received Letter of Intent to resign/transfer/retire to the RSP staff-in-charge	none	1 hour	HRD-RSP staff in-charge
	5. RSP Staff-in-Charge prepares Notice of Acceptance of Resignation/Transfer/Retirement	None	2 days	HRD-RSP staff in-charge
	5.1 Evaluate application for retirement/resignation/transfer, if qualified, prepare Notice of Acceptance			HRD-RSP staff in-charge
	5.2 Checks if employee has pending case under Section 12 of RA 3019 (Anti-Graft and Corrupt Practices Act), if yes, prepares notice to employee that he/she shall not be allowed to resign from his/her position.			HRD-RSP staff in-charge
	6. Endorse the Notice of Acceptance of Resignation/Transfer/Retirement to the authorized official	None	1 hour	HRD-RSP staff in-charge
	7. Approve/sign the Notice of Acceptance of Resignation/Transfer/Retirement*	None	5 days	
<b>TOTAL:</b>		<b>none</b>	<b>7 days 5 hours</b>	

# **Management Services Sector (MSS)**

## **II. PRID**

**166. REQUEST FOR THE PROVISION OF CORPORATE'S VEHICLES.**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Motor Pool Unit, General Services and Bldg. Maintenance, Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	All employees and officers of PhilHealth Central Office.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Approved OBS/CPO Vehicles Request Slip, VRS		Motorpool Unit for VRS, HRD for OBS / Records Mgt. Unit for CPO.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit requirement/s.	1.1 Receives and registers Motor Pool Unit's document log.	None	5minutes upon received of documents	Admin Staff
	2.1 Evaluates the request.	None	15minutes upon received of documents	Dispatcher/Admin. Staff
	2.2 Prepares Trip Ticket.	None	15minutes upon received of documents	Dispatcher/Admin. Staff
	2.3 Informs the requesting personnel their type of vehicle and assigned driver.	None	5minutes upon received of documents	Dispatcher/Admin. Staff
	<b>TOTAL:</b>	<b>None</b>	<b>40minutes</b>	

**167. REQUEST FOR GENERAL SUPPORT AND ALLIED SERVICES.**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Building Maintenance Unit, General Services and Bldg. Maintenance, Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	All employees and officers in PhilHealth Central Office.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
-Duly signed and filled Request Form.			Building Maintenance Unit.-PRID	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit filled up Request Form/Call to Assigned Bldg. Maint. Officer.	1.1 Receives form/call.	None	5 minutes upon receipt of documents	Admin Staff
	2.1 Records and prepares Job Request Form.	None	10 minutes upon receipt of documents	Admin Staff
	2.2 Submits filled up Job Request Form to Technicians.	None	5 minutes upon receipt of documents	Admin Staff
	2.3 Schedules the service request.	None	15 minutes upon receipt of documents	Technician.
	2.4 Take appropriate action on service being requested. 2.4.1 Repair and maintenance of Avaya phones, TV connections, minor electrical problem, and replacement of busted lights. 2.4.2 Mounting of wall fixtures and partitions. 2.4.3 Printing & Binding of authorized	None	3 working hrs. upon receipt of request  4 working hrs. upon receipt of request  4 working hrs. upon receipt of request 3 working days upon receipt of request	Technician.
	<b>TOTAL:</b>	<b>None</b>	<b>3 working days &amp; 7 hrs. and 35 mins.</b>	

**168. REQUEST FOR SAFETY, SECURITY AND SANITATION.**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Building Maintenance Unit, General Services and Bldg. Maintenance, Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	All employees and officers in PhilHealth Central Office.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
-Duly signed and filled Request Form.		Building Maintenance Unit.-PRID		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit filled up Request Form/Call to Assigned Bldg. Maint. Officer.	1.1 Receives form/call.	None	5minutes upon received of documents	Admin Staff
	2.1 Records and prepares Job Request Form.	None	10minutes upon received of documents	Admin Staff
	2.2 Submits filled up Job Request Form to Technicians.	None	5minutes upon received of documents	Admin Staff
	2.3 Receives and schedules the service.	None	15minutes upon received of documents	Admin. Staff/Security/Utility.
	2.4 Take appropriate action on service being requested.	None	7hours	Admin. Staff/Security/Utility.
	<b>TOTAL:</b>	None	7.58hours	

**169. REQUEST FOR ENGINEERING AND MAINTENANCE (TECHNICAL ASSISTANCE FOR MYOA AND OFFICE SPACE EVALUATIONS).**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Building Maintenance Unit, General Services and Bldg. Maintenance , Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	LHIO Head, GSU Head, MSD Head and other Officers of PhilHealth.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
-Duly signed request letter/memo.		Requesting Office.		
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
Submit document.	1.1 Receives and registers the documents.	None	15minutes upon received of documents	Admin Staff
	1.2 Document will be forwarded to SM-PRID.	None	15minutes upon received of documents	Admin Staff
	2.1 SM-PRID forwards the document to GSBMD for appropriate action.	None	15minutes upon received of documents	SM-PRID
	3.1 Receives and registers document in office's document log.	None	15minutes upon received of documents	Admin Staff
	4.1 Assesses and take appropriate action on the request	None	2 working days. upon receipt of complete docs	Admin. Officer
	<b>TOTAL:</b>	<b>None</b>	<b>2 working days and 1 hour</b>	

**170. REQUEST FOR REQUEST FOR ENGINEERING AND MAINTENANCE (FUND FOR LEASEHOLD IMPROVEMENTS PROJECT).**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Task Force on Corporate Center and Offices (TFCCO), Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	LHIO Head, GSU Head, MSD Head and other Officers of PhilHealth.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
-Duly signed request letter/memo. -Requirements stated in Corporate Guidelines.		Requesting Office.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEE TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit document.	1.1 Receives and registers the documents.	None	15minutes upon received of documents	Admin Staff
	1.2 Document will be forwarded to SM-PRID.	None	15minutes upon received of documents	Admin Staff
	2.1 SM-PRID forwards the document to TFCCO for appropriate action.	None	15minutes upon received of documents	SM-PRID
	3.1 Receives and registers document in office's document log.	None	15minutes upon received of documents	Admin Staff
	4.1 Assesses and take appropriate action on the request.	None	4hours	Admin. Officer
	<b>TOTAL:</b>	None	5hours	

**171. REQUEST FOR RESOURCE EVALUATION.**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Physical Resources Allocation and Evaluation Section, General Services and Bldg. Maintenance, Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	LHIO Head, GSU Head, MSD Head and other Officers of PhilHealth.			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
-Duly signed request letter/memo.		Requesting Office.		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit request letter/memo.	1.1 Receives and registers the documents.	None	15minutes upon received of documents	Admin Staff
	1.2 Document will be forwarded to SM-PRID.	None	15minutes upon received of documents	Admin Staff
	2.1 SM-PRID forwards the document to GSBMD-PRAES for appropriate action.	None	15minutes upon received of documents	SM-PRID
	3.1 Receives and registers document in office's document log.	None	15minutes upon received of documents	Admin Staff
	4.1 Assesses and take appropriate action on the request.	None	7hours	Admin. Officer
	<b>TOTAL:</b>	None	8hours	

**172. REQUEST FOR POLICY RESEARCH.**

This is issued to the requesting party on a request basis.

<b>Office:</b>	Physical Resources Allocation and Evaluation Section, General Services and Bldg. Maintenance, Division, Physical Resources and Infrastructure Department (PRID)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	LHIO Head, GSU Head, MSD Head and other Officers of PhilHealth.			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
-Duly signed request letter/memo.			Requesting Office.	
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Policy Proposal Form to PRAES	1.1 Stamp "received" indicate date, time and affix signature		1 working day	ASA C
	1.2 Log to incoming logbook			
	1.3 Encode Vital Information in the database			
	1.4 Endorse document to PRAES Head			
	1.5 Define policy through meeting with Division Chief		2 working days	PRAES Head/AO I/ Division Chief GSBMD
	1.6 Conduct of research		10 working days/2 weeks	PRAES Head/AO I
	1.7 Craft/Enhance a draft CO or SOP		30 working days /4 weeks	PRAES Head/AO I
	1.8 Present draft CO/ SOP to Division Chief GSBMD, Senior Manager PRID & end- user 1.8.1 Discuss comments and resolve issues 1.8.2 Revise the draft 1.8.3 Forward to concerned offices for comments 1.8.4 Receive Comments 1.8.5 Revise CO/SOP if necessary		1 working day  1 working day 1 working day 15 working days (er SOP in policy formulation) 1 working day	PRAES Head/AO I

	1.9 Prepare final copies (clean copy and draft watermark copy ) of CO/SOP and annexes (if with attachments)		3 working days	PRAES Head/AO I
	1.10 Prepare DRAR for initial of Division Chief and signature of Senior Manager PRID		1 working day	ASA C
	1.11 Route to other signatories		Beyond control/ regular follow up	ASA C
	1.12 If returned with comments, revise CO/SOP		1 working day	ASA C
	1.13 If returned without comments, forward to OPCEO for approval		1 working day	ASA C
	1.14 Review and Approval of President and CEO		Beyond control/ regular follow up	ASA C
	<b>TOTAL</b>	<b>NONE</b>	<b>67 working days = approval of authorities beyond control</b>	

## **G. Office of the President (OP)**

### **I. Office of the Corporate Legal Counsel (OSCLC)**

<b>173. CORPORATE LEGAL SERVICES</b>				
Review of documents prior to approval of the President and CEO (Legal Documents)				
<b>Office:</b>	Office of the Corporate Legal Counsel			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	Office of the President and CEO			
CHECKLIST OF REQUIREMENTS			WHERE TO SECURE	
None			None	
CLIENT STEPS	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit Legal documents to the Receiving Staff/ Personnel	1. Stamp "received" with date the receiving copy of the requesting office	None	1 day	Receiving staff/ Clerk III of OCLC
None	1.2 Refer the legal documents to the Technical Executive Assistant for review and instruction	None	1 day	Receiving staff/ Clerk III of OCLC
None	1.3 Refer the legal documents to the Head of Office for approval/ discussions/ instructions	None	1 day	Technical Assistant/ Attorney V of OCLC
None	1.4 Instruct the Admin Officer/ personnel to validate and prepare necessary reply or comments on legal documents	None	1-2 days depending on whether the record is complete or lacking documents necessary for an extensive review of the issues and concerns presented	Chief Legal Counsel of OCLC
None	1.4 Upon signing, indorse the legal documents to the Office of the President / requesting office	None	within the day	Administrative Assistant of the OCLC
<b>TOTAL:</b>		None	<b>5 days</b>	

<b>174. CORPORATE LEGAL SERVICES</b>				
Review of documents prior to approval of the President and CEO (MOAs/Contracts)				
<b>Office:</b>	Office of the Corporate Legal Counsel			
<b>Classification:</b>	COMPLEX			
<b>Type of Transaction:</b>	G2G			
<b>Who May Avail:</b>	Office of the President and CEO			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit MOAs/ Contract documents to the Receiving Staff/ Personnel	1. Stamp "received" with date the receiving copy of the requesting office	None	1 day	Receiving Staff/ Clerk III of the OCLC
	1.2 Refer the documents to the Technical Executive Assistant for evaluation, review, comments and instructions	None	1 day	Receiving Staff/ Clerk III of the OCLC
	1.3 Refer the MOAs/ Contract documents to the Head of Office for confirmations, instructions or approval of reviews and comments by the Technical Staff	None	1-3 days depending on whether the endorsement is complete or lacking documents necessary for an extensive review of the issues and concerns presented	Technical Assistant/ Attorney V of OCLC
	1.4 Approval of comments and reviews of MOAs/ Contracts documents	None	within the day	Chief Legal Counsel of OCLC
	1.4 Upon signing , indorse the legal documents to the Office of the President / requesting office	None	within the day	Administrative Assistant of the OCLC
<b>TOTAL:</b>		<b>None</b>	<b>5 days</b>	

# **Office of the President (OP)**

## **II. Office of the Corporate Secretary (CorSec)**

<b>175. ISSUANCE OF BOARD AND COMMITTEE DIRECTIVES</b>				
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.				
<b>Office:</b>	Office of the Corporate Secretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (internal)			
<b>Who May Avail:</b>	PhilHealth Regional Offices, Local Health Insurance Offices, and Departments/ Offices in the Central Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Document Reproduction Request Form stating the specific topic and purpose of requested document (1 original copy)		Office of the Corporate Secretary		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit the Accomplished Document Reproduction Request Form stating topic and purpose of requested document to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	10 mins	Division Chief Clerk of Board Corporate Secretary
	2. Photocopy the document		10 mins	Records Custodian
	3. Release the requested document		10 mins	Records Custodian
<b>TOTAL:</b>		<b>None</b>	<b>30 mins</b>	

**176. 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.

<b>Office:</b>	Office of the Corporate Secretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (internal)			
<b>Who May Avail:</b>	PhilHealth Regional Offices, Local Health Insurance Offices and Departments/ Offices in the Central Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Document Reproduction Request Form stating the specific topic and purpose of requested document ( 1 original copy)		Office of the Corporate Secretary		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit the Accomplished Document Reproduction Request Form stating topic and purpose of requested document to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	10 mins	Division Chief Clerk of Board Corporate Secretary
None	2. Photocopy the document		10 mins	Records Custodian
None	3. Release the requested document		10 mins	Records Custodian
<b>TOTAL:</b>		<b>None</b>	<b>30 mins</b>	

<b>177. ISSUANCE OF PHILHEALTH BOARD RESOLUTIONS (PBRs)</b>				
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.				
<b>Office:</b>	Office of the Corporate Secretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (internal)			
<b>Who May Avail:</b>	PhilHealth Regional Offices, Local Health Insurance Offices, Departments/ Offices in the Central Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Document Reproduction Request Form stating the specific topic and purpose of requested document (1 original copy)		Office of the Corporate Secretary		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit the Accomplished Document Reproduction Request Form stating topic and purpose of requested document to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	10 minutes	Division Chief Clerk of Board Corporate Secretary
None	2. Photocopy the document		10 minutes	Records Custodian
None	3. Release the requested document		10 minutes	Records Custodian
<b>TOTAL:</b>		<b>None</b>	<b>30 mins per PBR</b>	

<b>178. ISSUANCE OF SECRETARY'S CERTIFICATE</b>				
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				
<b>Office:</b>	Office of the Corporate Secretary			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G (internal)			
<b>Who May Avail:</b>	PhilHealth Regional Offices, Local Health Insurance Offices, and Departments/ Offices in the Central Office			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Accomplished Document Reproduction Request Form stating the specific topic and purpose of requested document (1 original copy)		Office of the Corporate Secretary		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Submit the Accomplished Document Reproduction Request Form stating topic and purpose of requested document to the Office of the Corporate Secretary	1. Validate the appropriateness of the request	None	15 mins	Division Chief Clerk of Board Corporate Secretary
None	2. Retrieve the original PBR for reference.		10 mins	Records Custodian
None	3. Prepare the Secretary's certificate		15 mins	Records Custodian
None	4. Sign the Secretary's Certificate		10 mins	Corporate Secretary
None	5. Release the notarized Certificate with the OCS retaining one (1) original copy		10 mins	Records Custodian
<b>TOTAL:</b>		<b>None</b>	<b>1 hour</b>	

# **Office of the President (OP)**

## **III. Organization and Systems Development Office (OSDO)**

## 179. PROCEDURAL DOCUMENT REVIEW

Review of procedural documentations of office processes, law, regulations and corporate policy implementation such as Standard Operating Procedures (SOP) and Work Instructions (WINs) in conformity to the implementation of the Corporation's Quality Management System (QMS) certified under ISO 9001:2015 Standards.

<b>Office:</b>	Organization and Systems Development Office	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2G	
<b>Who May Avail:</b>	All PhilHealth Program Offices (Proponent)	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Original Signed Request for Review of Procedural Document (memorandum) endorsed by the Head of Organizational Unit (1 Copy)	To be provided by the Proponent Office
	Document Routing Slip (Original Copy)	To be provided by the Proponent Office
	Document Review and Approval Request Form (DRAR) signed by head of the proponent office (Original Copy)	To be provided by the Proponent Office
	Risk Assessment Certification issued by the PMT-Risk (Original Copy)	To be provided by PMT-Risk Office
	Legal Opinion issued by the Internal Legal Department (Optional) (Original Copy)	To be provided by Internal Legal Department
	Draft of the Procedural Document (SOP or WINs) with corresponding watermark (Original or Photocopy)	To be provided by the Proponent Office
	Editable electronic copy of the draft of the Procedural Document (SOP or WINs) to be sent to the official Microsoft Outlook email address of OSDO	To be provided by the Proponent Office
	Annexes (required forms or documentary information that will be used in the implementation)	To be provided by the Proponent Office
	References (law, regulation, corporate policy and documentations where the Procedural Document is based)	To be provided by the 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. Receipt of documents and electronic copy of the draft procedure documents that are to be subjected for review.	None	30 minutes	Clerk III/Administration Services Assistant C (ASA C) -OSDO Business Process Improvement Team
	1.2. Record of document details in the Document Tracking System			
	1.3. Endorse documents to Supervising Management Specialist.			
None	2.1. Receipt of endorsed documents	None	1 working day	Supervising Management Specialist - OSDO Business Process Improvement Team
	2.2. Evaluation of endorsed documents			
	2.3. Assignment to Management Specialist II for review			
	<p>3.1. Review of the procedure documents vis-à-vis the conformity to the established Quality Management System requirements of the Corporation and compliance to existing laws, rules, corporate policy, etc. which may include provision of comments and suggestions on the subject matter.</p> <p>3.2. Submission of review and comments provided to the Supervising Management Specialist with indication of the date of completion in the Document Routing Slip.</p>	None	17 working days	Management Specialist II - OSDO Business Process Improvement Team

	<p>4.1. Receipt of the reviewed procedural document.</p> <p>4.2. Review of the output of the Management Specialist II.</p> <p>4.2.1 Endorses to the Clerk III/Administration Services Assistant C (ASA C) the reviewed and concurred output of the reviewing Management Specialist II.</p> <p>4.2.2 Returns to the reviewing Management Specialist II for incorporation of corrections, additional comments and suggestions, if there are any.</p>	None	1 working day	Supervising Management Specialist - OSDO Business Process Improvement Team
None	5.1 Receipt of reviewed procedural documents with recommendation for approval from the Supervising Management Specialist	None	1 minute	Clerk/ Administration Services Assistant C (ASA C) - OSDO Business Process Improvement Team
	5.2 Endorsement of reviewed procedural documents to the Department Manager for approval	None	1 minute	
	6.1 Review and approval of the reviewed procedure document	None	2 days	Department Manager OSDO
None	6.2 Release of approved reviewed procedure documents to Clerk / Administration Services Assistant (ASA C)	None	1 minute	Department Manager OSDO
	7.1. Receipt of reviewed procedure document and attachments	None	30 minutes	Clerk/ Administration Services Assistant C (ASA C)
	7.2. Record of document details in the Document Tracking System.			

2. Receipt of approved reviewed procedure documents	7.3. Release of documents to the proponent office.			
<b>TOTAL:</b>		<b>None</b>	<b>20 days</b>	

**180. STAFFING ASSESSMENT**

Determining the changes in the number of positions needed in the targeted positions/jobs in the future. The staffing assessment requires carefully thinking about the numbers of staff needed to fulfill the current and future workforce needs. In projecting the staffing needs for the future - the assessment should be based on realistic projections.

<b>Office:</b>	Organization and Systems Development Office	
<b>Classification:</b>	Highly Technical	
<b>Type of Transaction:</b>	G2G	
<b>Who May Avail:</b>	Heads of Organizational Units (Departments/Offices/Sectors)	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	<p>1 original or photocopy of the following: Request for Staffing Assessment (memorandum) endorsed by the Head of Organizational Unit that provides the following information:</p> <p>1) Considerations in future staffing needs: a) Policy change/new initiative - new program initiatives or "reforms" may have significant staffing implications; b) Mandated Regulatory Changes - work requirements that change as a result of laws, rules and regulations; c) Planned growth/expansion - The demand for services can changes as a result of population shifts, unemployment rates, or any other social issued that the demand for human services; and d) Other factors affecting staffing - Any number of other factors may change staffing requirements. Technological innovations may reduce the number of employees needed to do the same amount of work. Staffing ratios may change as a result of available resources and shifting priorities. It is important to identify the effectivity date of the aforementioned considerations as well as whether these considerations are firm (final/approved) or projected (awaiting approval/in the pipeline).</p> <p>2) Likely impact of workload (e.g. increase/decrease in tasks, volume/quantity, response time).</p> <p>3) Anticipated changes in staffing (increase/decrease in full-time equivalents (FTEs)) and projected effectivity date.</p> <p>4) Competency requirements for the positions/jobs.</p>	N/A

<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
Forwards Request for Staffing Assessment, complete with the supporting documents.	1. Receives Request for Staffing Assessment, including the supporting documents.	None	10 mins	Administrative staff, OSDO
None	2. Evaluates request, and prepares action and release documents.	None	10 working days	Technical staff, OD Team
None	3. Reviews action and release documents, and endorses to Senior Manager for approval of the recommendation.	None	5 working days	OD Team Lead
None	4. Reviews action and release documents, and approves/disapproves the recommendation.	None	5 working days	Senior Manager, OSDO
None	5. Forwards action and release documents to the concerned/requesting organizational unit.	None	Within the day the action and release document were signed by the Senior Manager	Administrative staff, OSDO
<b>TOTAL:</b>		<b>NONE</b>	<b>20 working days</b>	

# **Office of the President**

## **IV. Secretariat for the Bids and Awards Committees**

## 181. PROCUREMENT, PLANNING, POLICY AND MONITORING

Preparation of PPMP and APP Appraisal, Review and Consolidation

<b>Office:</b>	Secretariat for the Bids and Awards Committees			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2G- Government to Government			
<b>Who May Avail:</b>	End users , Budget Officer Designate			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
None		None		
CLIENT STEPS (Internal/External)	AGENCY ACTION	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Year End Plan for Activities/Programs/Projects (original copy)	Conducts Year End Planning and Assessment and prepares Plan for Activities/Projects including supplies and equipment (i.e Canvass for price indicators and prepares needed justification if any)	None	1 to 3 Days	End-User/Cost Centers (Planning/Budget Officer Designate)
2. Consolidates proposals for TWG-PBC review (original submitted hard copy)	Consolidates proposals for TWG-PBC review	None	2 Days	BAS Comptrollership Dept.
3. Deliberates on proposals (original copy)	Deliberates on proposals and recommends approval of EXECOM	None	1 Day	Planning and Budget Committee
4. For Approval (original copy)	Deliberates on proposals and for approval	None	1 Day	EXECOM
5. Encode approved COB proposals in the PPMP Module (FMIS-PBS application)	End-users encode EXECOM approved proposals in the FMIS-PBS PPMP Module	None	2 Days	Budget Officer Designate of cost centers
6. Request for access to FMIS-PBS PPMP and APP module (original copy of request)	SBAC shall request access to FMIS-PBS PPMP and APP Module from Comptrollership Dept.	None	1 Day	SBAC Staff: Senior Social Insurance Specialist Administration Services Officer II Administration Services Assistant B Clerk III
7. Provides access to FMIS-PBS PPMP and APP modules (confirmation through outlook email)	Upon receipt of request, shall provide access to FMIS-PBS PPMP and APP modules to SBAC	None	1 Day	BAS Comptrollership Dept.

8. Validate and verify PPMP Module and prepare list of object of expenditures for hard coding and save data prior to hard encoding (FMIS-PBS application)	Log-in to FMIS-PBS account to validate and verify issues on PPMP modules and prepare list of object of expenditures for hard coding	None	1 Day	SBAC Staff: Senior Social Insurance Specialist Administration Services Officer II Administration Services Assistant B Clerk III
9. Facilitate hard coding of identified Object of expenditures (FMIS-PBS application)	Facilitate hard coding of identified Object of expenditures vis-vis appropriate mode of procurement.	None	1 Day	BAS of Comptrollership Dept.
10. Facilitate and validate consolidation of the PPMP and APP (FMIS-PBS application)  Save APP module according to BAC classification. (FMIS-PBS application)	Immediately facilitate consolidation of the PPMP into APP and validation.  Save icon and select location place the saved APP module per BAC	None	2 days	SBAC Staff: Senior Social Insurance Specialist Administration Services Officer II Administration Services Assistant B Clerk III
11. Draft pertinent documents, e.g. endorsement to BAC resolution and corporate orders (original copy)  Facilitate review of BAC Resolution and Corporate Order (original copy)  Present APP, BAC Resolution and Corporate Order to the four (4) BAC for conformation and facilitate signing of APP and its supporting documents (original copy)	Draft pertinent documents e.g, Endorsement Letter to GPPB and Resolutions to classification and Corporate Orders on Resolutions to BAC GS/ITR/Consulting/INFRA and facilitate initial review of the BAC Resolution  Print the APP as well as the final draft BAC Resolution and Corporate Order and present to the BAC for final review and confirmation of mode of procurement	None	1 Day	SBAC Staff: Senior Social Insurance Specialist Administration Services Officer II Administration Services Assistant B Clerk III
12. Facilitate issuance of Corporate Order control no., scanning and conversion, etc. (original copy)	Once APP is signed by the HOPE, facilitate the following; submission to Records for issuance of corresponding Corporate Order, scanning of CO, conversion into portable document format	None	1 Day	SBAC Staff: Senior Social Insurance Specialist Administration Services Officer II Administration Services Assistant B Clerk III

<p>Prepare soft copies on 8 DVD media and endorsed to recipient (scanned/soft copy)</p> <p>Issue Advisory to all End-Users</p>	<p>(PDF) and request for messengerial / courier</p> <p>Distribution to the following offices; GPPB-TSO Comptrollership Dept. Records ITMD PRID SBAC COA</p> <p>Issue advisory to all concerned end-users for the submission of their respective purchase request along with corresponding supporting documents</p>			
<b>TOTAL:</b>		<b>None</b>	<b>18 days</b>	

## EXTERNAL : CORPORATE ACTION CENTER (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><b>Email:</b></p> <ul style="list-style-type: none"> <li>- <a href="mailto:actioncenter@philhealth.gov.ph">actioncenter@philhealth.gov.ph</a> or</li> <li>- email address of PhilHealth Regional Offices (PROs), Branches, and Local Health Insurance offices (LHIOs) posted in Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul> <p><b>Callback Channel :</b></p> <p>0917-898-7442 (PHIC)</p> <p>Text "<i>PHIC callback [space] Mobile No. or Metro Manila landline [space] details of your concern</i>" and we will call you during office hours, weekdays only. (Callback requests will expire after 72 hours.)</p> <p><b>Call Center Hotline 84417442 (PHIC)</b></p> <ul style="list-style-type: none"> <li>- hotline 8441-7442</li> <li>- phone number of PROs, Branches and LHIOs posted in Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul> <p><b>Social Media:</b></p> <ul style="list-style-type: none"> <li>- "@PhilHealthofficial" Facebook page</li> </ul> <p><b>Walk-In:</b></p> <ul style="list-style-type: none"> <li>- CAC Walk-In Counter, PhilHealth Head Office, Room 707 CityState Centre, 709 Shaw Boulevard, Brgy. Oranbo, Pasig City</li> <li>- PhilHealth Regional and Local Offices with addresses posted at Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul>
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<p>How feedbacks are processed?</p>	<p>1. Receiving 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"> <li>a. Receives client feedback</li> <li>b. 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)</li> <li>c. Requests for additional BASIC information/documents required for processing.</li> </ol> <p><i>Note:</i></p> <p><i>Required documents may include:</i></p> <ul style="list-style-type: none"> <li>- <i>"Salaysay", attached pay slips and other proof, if client feedback is a complaint against non-remitting employer</i></li> <li>- <i>Usual basic information and documents required in PhilHealth processes, in accordance with existing corporate policies and rules and Citizen's charter</i></li> </ul> <ol style="list-style-type: none"> <li>d. Identifies responsible office to handle transaction (based on function, jurisdiction and lodged authority)</li> <li>e. Determines complexity of processing and corresponding TAT in accordance with EODB Law. <ul style="list-style-type: none"> <li>- <i>Simple (3 working days from receipt of PhilHealth) - if processing and final response is ministerial not requiring review and approval process.</i></li> <li>- <i>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</i></li> <li>- <i>Technical (20 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require technical/management review and approval process</i></li> </ul> </li> </ol>
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	<p>2. Acknowledgment and Initial Response The handling office (CAC or endorsee office):</p> <ul style="list-style-type: none"> <li>a. Endorse the transaction to an appropriate office through CSMS (If Level 2)</li> <li>b. Issues or communicates acknowledgment and initial response to client/government channel if the final response is not readily available.</li> </ul> <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 <a href="mailto:actioncenter@philhealth.gov.ph">actioncenter@philhealth.gov.ph</a>. or local hotline or email of PRO or LHIO)</p>
	<p>3. Provision of Relevant Services The handling office:</p> <ul style="list-style-type: none"> <li>a. Requests client for additional TECHNICAL information/documents required for processing, if any (For technical transactions). 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.</li> <li>b. Provides services as may be related to the client's concern, in accordance with existing corporate policies and procedures.</li> <li>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)</li> </ul>
	<p>4. Respond to the Client (including Government Channel) The handling office:</p> <ul style="list-style-type: none"> <li>a. Prepares, reviews, and approves (or pre-approve) final response to client</li> <li>b. Releases approved/pre-approved response to client and government channel, if applicable, within the prescribed TAT.</li> <li>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.</li> <li>d. If government-lodged, the CAC provides updates to government channels and facilitates closure.</li> </ul>

<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><b><u>Email:</u></b></p> <ul style="list-style-type: none"> <li>- <a href="mailto:actioncenter@philhealth.gov.ph">actioncenter@philhealth.gov.ph</a> or</li> <li>- email address of PhilHealth Regional Offices (PROs), Branches, and Local Health Insurance offices (LHIOs) posted in Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul> <p><b><u>Callback Channel :</u></b></p> <p>0917-898-7442 (PHIC) Text "<i>PHIC callback [space] Mobile No. or Metro Manila landline [space] details of your concern</i>" and we will call you during office hours, weekdays only. (Callback requests will expire after 72 hours.)</p> <p><b><u>Call Center Hotline 84417442 (PHIC)</u></b></p> <ul style="list-style-type: none"> <li>- hotline 8441-7442</li> <li>- phone number of PROs, Branches and LHIOs posted in Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul> <p><b><u>Social Media:</u></b></p> <ul style="list-style-type: none"> <li>- "@PhilHealthofficial" Facebook page</li> </ul> <p><b><u>Walk-In:</u></b></p> <ul style="list-style-type: none"> <li>- CAC Walk-In Counter, PhilHealth Head Office, Room 707 CityState Centre, 709 Shaw Boulevard, Brgy. Oranbo, Pasig City</li> <li>- PhilHealth Regional and Local Offices with addresses posted at Philhealth website (<a href="http://www.philhealth.gov.ph">www.philhealth.gov.ph</a>)</li> </ul>
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<p>How complaints are processed?</p>	<p>1. Receiving 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"> <li>a. Receives client feedback</li> <li>b. 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)</li> <li>c. Requests for additional BASIC information/documents required for processing.</li> </ol> <p><i>Note:</i></p> <p><i>Required documents may include:</i></p> <ul style="list-style-type: none"> <li>- "Salaysay", attached payslips and other proof, if client feedback is a complaint against non-remitting employer</li> <li>- Usual basic information and documents required in PhilHealth processes, in accordance with existing corporate policies and rules and Citizen's charter</li> </ul> <ol style="list-style-type: none"> <li>d. Identifies responsible office to handle transaction (based on function, jurisdiction and lodged authority)</li> <li>e. Determines complexity of processing and corresponding TAT in accordance with EODB Law.</li> </ol> <ul style="list-style-type: none"> <li>- <i>Simple (3 working days from receipt of PhilHealth) - if processing and final response is ministerial not requiring review and approval process.</i></li> <li>- <i>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</i></li> <li>- <i>Technical (20 working days from date of receipt by PhilHealth) - if endorsement of transaction (if applicable), processing and final response require technical/management review and approval process</i></li> </ul>
	<p>2. Acknowledgment and Initial Response</p> <p>The handling office (CAC or endorsee office):</p> <ol style="list-style-type: none"> <li>a. Endorse the transaction to an appropriate office through CSMS (If Level 2)</li> <li>b. Issues or communicates acknowledgment and initial response to client/government channel if the final response is not readily available.</li> </ol> <p><i>Note: Initial response includes (1) "concrete and specific action within 72 hours" in accordance with Executive Order No. 6,</i></p>

	<p>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> <ul style="list-style-type: none"> <li>a. Requests client for additional TECHNICAL information/documents required for processing, if any (For technical transactions). 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.</li> <li>b. Provides services as may be related to the client's concern, in accordance with existing corporate policies and procedures.</li> <li>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)</li> </ul>
	<p>4. Respond to the Client (including Government Channel)</p> <p>The handling office:</p> <ul style="list-style-type: none"> <li>a. Prepares, reviews, and approves (or pre-approve) final response to client</li> <li>b. Releases approved/pre-approved response to client and government channel, if applicable, within the prescribed TAT.</li> <li>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.</li> <li>d. If government-lodged, the CAC provides updates to government channels and facilitates closure.</li> </ul>

<p><b>Contact Information of ARTA, PCC, and CCB</b></p>	<p><b>ANTI-RED TAPE AUTHORITY (ARTA):</b> <a href="http://arta.gov.ph">arta.gov.ph</a> <a href="mailto:info@arta.gov.ph">info@arta.gov.ph</a> <a href="mailto:complaints@arta.gov.ph">complaints@arta.gov.ph</a></p> <p>Stop Red Tape - Anti-Red Tape Authority Call: (02) 8478-5091 (02) 8478-5093 (02) 8478-5099</p> <p><b>PRESIDENTIAL COMPLAINT CENTER (PCC):</b> <a href="mailto:pcc@malacanang.gov.ph">pcc@malacanang.gov.ph</a> Call: +63(2)-8736-8645 +63(2)-8736-8603 +63(2)-8736-8629 +63(2)-8736-8621 Telefax: +63(2)-87368621 Postal Service: Bahay Ugnayan, J.P. Laurel Street Malacañang, Manila</p> <p><b>CONTACT CENTER NG BAYAN (CCB):</b> <a href="mailto:email@contactcenterngbayan.gov.ph">email@contactcenterngbayan.gov.ph</a> <a href="http://www.contactcenterngbayan.gov.ph">www.contactcenterngbayan.gov.ph</a> SMS: 0908-8816565 Call: 1-6565 (Php5.00+VAT per call anywhere in the Philippines via PLDT landline)</p>
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<b>INTERNAL: HUMAN RESOURCE DEPARTMENT FEEDBACK AND COMPLAINTS MECHANISM</b>	
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?	Feedbacks that can be resolved within the jurisdiction of the employee concerned are acted upon immediately by the HR Staff concerned. Those that need 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 ExeCom 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

## LIST OF OFFICES

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office PRO I – Dagupan</b>	Akia Building, Old De Venecia Highway Dagupan City, Pangasinan	(075) 515-1111; (075) 5230647 (fax) <a href="mailto:region1@philhealth.gov.ph">region1@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>		
LHIO Ilocos Norte	Ground Floor, Valdez Building A, Valdez Center, Barangay 1, San Francisco, San Nicolas, Ilocos Norte	(077) 600-0482; (077) 770-4945 (fax) <a href="mailto:laoag.pro1@philhealth.gov.ph">laoag.pro1@philhealth.gov.ph</a>
LHIO Ilocos Sur	2/F Henady Bldg., del Pilar St., cor. Salcedo St., Vigan City, Ilocos Sur	(077) 604-0008 <a href="mailto:vigan.pro1@philhealth.gov.ph">vigan.pro1@philhealth.gov.ph</a>
LHIO La Union	G/F CSI The City Mall Inc., Brgy. Biday, San Fernando City, La Union	(072) 607-7162 <a href="mailto:launion.pro1@philhealth.gov.ph">launion.pro1@philhealth.gov.ph</a>
LHIO Western Pangasinan	G/F Marmor Realty, Quezon Avenue, Poblacion, Alaminos City, Pangasinan	(075) 523-1860; (075) 551-6520 <a href="mailto:alaminos.pro1@philhealth.gov.ph">alaminos.pro1@philhealth.gov.ph</a>
LHIO Eastern Pangasinan	CBE Estrada Prime Holdings Inc., 3rd Floor CB Mall, Mc Arthur Highway, Nancayasan, Urduyeta City, Pangasinan	(075) 600-5829; (075) 656-2030 (fax) <a href="mailto:urdaneta.pro1@philhealth.gov.ph">urdaneta.pro1@philhealth.gov.ph</a>
LHIO Central, Pangasinan	2nd BHF Family Plaza, Mayombo District, Dagupan City	(075) 522-3122 <a href="mailto:pmac.pro1@philhealth.gov.ph">pmac.pro1@philhealth.gov.ph</a>

<p><u>Satellite Office</u></p> <p>Candon City</p> <p>San Carlos City</p> <p>Mangatarem</p> <p>Agoo</p>	<p>Stern Real State Bldg., San Nicolas, Candon City, Ilocos Sur (beside CSI Mall)</p> <p>2nd Floor Magic Mall, Roxas Blvd., San Carlos City, Pangasinan</p> <p>2/F Magic Mall, Romulo High Way, Mangatarem, Pangasinan</p> <p>GSV Building, National Hi-way, San Agustin Norte, Agoo, La Union</p>	<p>(077) 632-1188 <a href="mailto:condon.pro1@philhealth.gov.ph">condon.pro1@philhealth.gov.ph</a></p> <p>(075) 634-6538; 532-1111 <a href="mailto:sancarlos.pro1@philhealth.gov.ph">sancarlos.pro1@philhealth.gov.ph</a></p> <p>(075) 523-0845 <a href="mailto:mangatarem.pro1@philhealth.gov.ph">mangatarem.pro1@philhealth.gov.ph</a></p> <p>(072) 682-0297 <a href="mailto:agoo.pro1@philhealth.gov.ph">agoo.pro1@philhealth.gov.ph</a></p>
<p><u>PhilHealth Express</u></p> <p>Calasiao, Pangasinan</p> <p>San Nicolas, Ilocos Norte</p>	<p>2/F Lingkod Pinoy Center, Robinsons Place (075) 632-0107 <a href="mailto:pxcalasiao.pro1@philhealth.gov.ph">pxcalasiao.pro1@philhealth.gov.ph</a></p> <p>Level 1 Robinson's Place, San Nicolas, Ilocos Norte (West side)</p>	<p>(075) 632-0107 <a href="mailto:pxcalasiao.pro1@philhealth.gov.ph">pxcalasiao.pro1@philhealth.gov.ph</a></p> <p>(077) 772-2848 <a href="mailto:pxsannicolos.pro1@philhealth.gov.ph">pxsannicolos.pro1@philhealth.gov.ph</a></p>

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office PRO II - Tuguegarao</b>	The Builder's Place, Del Rosario St. Tuguegarao City, Cagayan 3500	(078) 255-1342; (0917) 8357544 <a href="mailto:info.pro2@philhealth.gov.ph">info.pro2@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>		
Tuguegarao City	YamRealty Juliana Square Bldg., Rizal St., Centro 4, Tuguegarao City	(078) 844-0271; (0917) 7028135 <a href="mailto:tuguegarao.pro2@philhealth.gov.ph">tuguegarao.pro2@philhealth.gov.ph</a>
Ilagan, Isabela	Four J. Commercial Center, Brgy. Baligatan, Ilagan City	(078) 624-0259; (0995) 6590670 <a href="mailto:ilagan.pro2@philhealth.gov.ph">ilagan.pro2@philhealth.gov.ph</a>
Cauayan, Isabela	LETJOELOU the Heritage Building, Don Jose Canciller Avenue, District I, Cauayan City	(078) 652-4166 ; (0917) 8659865 <a href="mailto:cauayan.pro2@philhealth.gov.ph">cauayan.pro2@philhealth.gov.ph</a>
Santiago City, Isabela	MECC Real Estate Lessor, Maharlika Highway, Villasis, Santiago City	(078) 3050181; (0945)3201872 <a href="mailto:santiago.pro2@philhealth.gov.ph">santiago.pro2@philhealth.gov.ph</a>
Solano, Nueva Vizcaya	Unit E & F, Olma Bldg., National Highway, Roxas, Solano, Nueva Vizcaya	(0935) 3337886 <a href="mailto:solano.pro2@philhealth.gov.ph">solano.pro2@philhealth.gov.ph</a> <a href="mailto:solanohead.pro2@philhealth.gov.ph">solanohead.pro2@philhealth.gov.ph</a>
Aparri Business Center	Corner Bonifacio and Enrile Sts, Barangay Macanaya, Aparri, Cagayan	(0915) 2647573
Batanes Business Center	Block 2, Lot 17, Cantor Street Barangay Kayvaluganan Basco, Batanes	(0919) 9951024

Roxas Service Desk	Roxas Municipal Hall, 2nd Floor, Roxas, Isabela	
Cabagan Service Desk	Cabagan Municipal Hall, Cabagan, Isabela	
<u>PhilHealth Express</u>		
PhilHealth Express – 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	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO CAR - Baguio	SNOBT Inc. Bulding, No. 19 Leonard Wood Road Baguio City 2600	(074) 444-5345; 444-8361; 444-9862 <a href="mailto:car@philhealth.gov.ph">car@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>		
Bangued, Abra	1 <sup>st</sup> and 2 <sup>nd</sup> Floor, VP Skyview Building, Magallanes Street, Zone 5, Bangued, Abra 2800	(074) 752-7924; (0999) 777-6100
Baguio City	2 <sup>nd</sup> Floor Porta Vaga Mall, Session Road, Baguio City 2600	(0929) 370-5617
La Trinidad, Benguet	Ground Floor Dangwa Square Commercial Building, Km. 6 Betag, La Trinidad, Benguet 2601	(074) 424-8937
Lagawe, Ifugao	2nd Flr., JDT Bldg., Lagawe, Ifugao 3600 (074) 382-2173; (0917) 574-7485	(074) 382-2173; (0917) 574-7485
Tabuk, Kalinga	1st Flr. Richmond Bldg., Purok 4, Bulanao, Tabuk City, 3800	(0915) 779-6615
Bontoc, Mt. Province	1 <sup>st</sup> & 2 <sup>nd</sup> Flr., Kedawen Bldg., Poblacion, Bontoc, Mt. Province 2616	(074) 602-1510; (0921) 471-9848
Apayao Business Center	Poblacion, Luna, Apayao	(0915) 975-3365

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO III-A - San Fernando  PRO III Branch A	G/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000  2/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000	(045) 961-1977; (045) 961-3949 loc. 4330  (045) 961-0710 loc. 4321
<u>Local Health Insurance Offices</u>  San Fernando  Angeles City  Olongapo City  Iba, Zambales  Tarlac City  Balanga, Bataan	G/F PhilHealth Bldg., Lazatin Blvd., San Agustin, San Fernando City, Pampanga C-2000  Ground Floor, ABC Bldg., Nepo Commercial Complex, Doña Teresa Ave., Angeles City C-2009  #16 Magsaysay Drive, New Asinan, Olongapo City  ACM Bldg., Zone 6, Iba, Zambales C-2201  3F My Metro Town Mall, Sto. Cristo, Tarlac City C- 2300  2/F Zabala Bldg. II, Primrose St., Doña Francisca Subd., Balanga City C-2100	(045) 963-1155 loc. 4310  (045) 322-7162 loc. 4350  (047) 222-9427 loc.4354  (047) 811-3690 loc. 4355  (045) 491 4696  (047) 237-1921

<p><u>PhilHealth Express</u></p> <p>Robinsons Starmills</p> <p>Mariveles, Bataan</p> <p>Robinsons Tarlac</p> <p>Marquee Mall, Angeles City</p>	<p>2F Robinsons Starmills, Brgy. San Jose, City of San Fernando, Pampanga</p> <p>AFAB Bldg., Freeport Area of Bataan (FAB), Mariveles, Bataan</p> <p>2nd Floor Robinsons Supermarket, McArthur Highway, Brgy. San Miguel, Hacienda Luisita, Tarlac City, Tarlac</p> <p>Dinalupihan Municipal Hall, Bataan</p>	
<p><u>Service Desk</u></p> <p>LGU Sta. Cruz, Zambales</p> <p>LGU Subic, Zambales</p> <p>LGU San Antonio, Zambales</p> <p>Harbor Point Mall, Subic Bay Freeport Zone</p>		
<p><u>Satellite Office</u></p> <p>SM Pampanga</p>	<p>3rd Floor, SM Government Center-SM City, City of San Fernando, Pampanga</p>	
<p><u>Business Center</u></p> <p>One Stop Shop for OFWs</p> <p>Jose Abad Santos Ave., Clark Freeport Zone, Angeles City, Pampanga</p>	<p>(Clark Freeport Zone, Pampanga)</p> <p>Jose Abad Santos Ave., Clark Freeport Zone, Angeles City, Pampanga</p>	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> 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
<u>Local Health Insurance Offices</u>		
Malolos, Bulacan	3 <sup>rd</sup> Floor, Vista Mall, McArthur Hi-way, Longos, Malolos City	(044) 796-1559; (044) 796-1560 loc. 4400; (044) 796-3481
Sta. Maria, Bulacan	A&L Bldg., Gov. F. Halili Ave., Brgy. Bagbaguin, Sta. Maria, Bulacan C-3022	(044) 288-2617 loc. 4457
Cabanatuan, Nueva Ecija	2/F NE Pacific Mall, Maharlika Highway, Cabanatuan City, Nueva Ecija, C-3100	(044) 940-3723 loc. 4458
Gapan, Nueva Ecija	Mangahas Bldg., Jose Abad Santos Avenue, Brgy., Sto. Niño, Gapan City, Nueva Ecija	(044) 486-9570 loc. 4459
Baler, Aurora	NE Baler, 2nd Floor, Brgy Suklayin, Baler Aurora C-3200	(0920) 538-9471
<u>PhilHealth Express</u>		
Robinsons Malolos	4th Floor, Lingkod Pinoy Desk, Robinsons Place Malolos, McArthur Highway, Sumapang Matanda, City of Malolos, Bulacan	
Guimba, Nueva Ecija	Ground Floor, JCB Bldg., Brgy. Cawayang Bugtong, Guimba, Nueva Ecija	

San Jose City, Nueva Ecija	Abar 2 <sup>nd</sup> , San Jose City, Nueva Ecija	(044) 797-0354
Baliuag, Bulacan	Bagong Nayon, Baliuag, Bulacan	
San Jose Del Monte, Bulacan	PhilHealth Starmall, Upper Ground Floor, Government Center, Starmall, Brgy. Kaypian, CSJDM, Bulacan	
<u>Business Center</u>		
One Stop Shop (Palayan Business Center)	Palayan City Business Hub, Brgy. Singalat, Palayan City, Nueva Ecija	0906-8546801

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO NCR	VCP Building, Block 56, Lot 11, 68 Kalayaan Avenue Teacher's Village West, Quezon City	(02) 8441-5673
<b>Branch Office</b>  PRO NCR North - Manila	Ten Commandments Building, 689 Rizal Avenue Extension, Gracepark, Caloocan City	
<b>Local Health Insurance Office</b>  Manila  Caloocan  Valenzuela  Mandaluyong	JARS Buidling, 1810 J.P. Laurel St., San Miguel, Manila  5th Floor, Victory Central Mall, Rizal Avenue Extension, Gracepark, Caloocan City  4/F Puregold, Paso de Blas Road Cor. East Service Road North, Valenzuela City  3rd Floor, 500 Shaw Zentrum Mall, Shaw Boulevard, Mandaluyong City	(02) 8521-7321 <a href="mailto:so.manila@philhealth.gov.ph">so.manila@philhealth.gov.ph</a>  (02) 8365-0464  (02) 8277-4863  (02) 8532-0449
<b>PhilHealth Express</b>  Robinsons Place Manila  Lucky Chinatown, Binondo, Manila  Robinsons Malabon  One Mall Express Valenzuela	Lingkod Pinoy Center, Pedro Gil St. Ermita Manila Open every Tuesday & Thursday  Lucky Chinatown, 3/F City Place Lucky Chinatown Annex Regina Binondo Manila  Governor Pascual Avenue cor Crispin St Tinajeros Malabon City	

<b>Business Center</b>		
POEA-OFP Operations (Backroom Office)	Unit 172, 17/F, The Columbia Tower, Ortigas Ave., Mandaluyong City	
POEA-OFP Operations	G/F Blas Ople Building, Ortigas Avenue, EDSA Mandaluyong City	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Branch Office</b> PRO NCR Central - Quezon City	Corporate 145 Building, 145 Mother Ignacia St., Brgy. South Triangle, Quezon City, 1103	
<b>Local Health Insurance Office</b>  South Triangle, Quezon City  Fairview, Quezon City  Rizal	Lower Ground Floor, Corporate Building 145 Mother Ignacia, Barangay South Triangle, Quezon City  OWS Bldg., Blk 237, Lot 19, Neoplolitan IV, Brittany Subd.,Barangay Pasong Putik, Quezon City, 1118  Fibertex Building, Corner Don Mariano Subdivision, Ortigas Extension, San Juan, Cainta, Rizal 1900	(02) 8332-1557  (02) 8356-7461  (02) 8997-8377
<b>PhilHealth Express</b>  Ali Mall  SM North Edsa  Robinsons Galleria	3rd Floor, Gov't. Center, Ali Mall, Araneta Center,Cubao, Brgy. Soccorro, Quezon City Open every Wednesday  Ground Floor, Gov't. Services Center, SM North EDSA Annex, Brgy. Bagong Pag-Asa. Quezon City Open every Thursday  Lower Ground Floor, Robinsons Galleria, EDSA Ortigas,Brgy Ugong Norte, Quezon City Open every Tuesday	

Robinsons Antipolo	2nd Floor Lingkod Pinoy Center, Robinsons Place, Antipolo, Rizal 1870 Open every Tuesday & Thursday	
Rodriguez, Rizal	Municipal Gymnasium, Barangay Balite, Rodriguez, Rizal 1860 Open every Monday & Wednesday	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Branch Office</b> PRO NCR South - Pasig	8007 Pioneer St., Brgy Kapitolyo, Pasig City	
<u>Local Health Insurance Offices</u>  Pasig  Taguig  Makati  Las Piñas  Parañaque	Ground Floor, Iriz One Corporate Centre 35 Meralco Avenue, Cor. Segundo Street, San Antonio, Pasig City  Global Satellite Office, 7th Floor SM Aura Tower, Bonifacio Global City, Taguig  2326 PTX Bldg., Chino Roces Ave., Extension, Brgy. Magallanes, Makati City  471 Editha Bldg., Almanza I, Alabang Zapote road, Las Pinas City  HRDC Bldg., KM 16 Acsie rd. cor. West Service Road, Brgy. Marcelo Green, Parañaque City	
<u>PhilHealth Express</u>  Robinsons Metro East	3/F Robinson's Metro East Lingkod Pinoy Marcos Highway, Brgy. Sta. Lucia, Pasig City	

Muntinlupa City Hall	Main Building, Ground Floor, Philippine Business Registry, National Road, Putatan, Muntinlupa City Temporarily Closed	
<u>Satellite Office</u>  Global City, Taguig	7th floor SM Aura Office Tower, 26th st cor. McKinley Parkway, Bonifacio Global City, Taguig City	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO IV-A - Lucena	Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City	<a href="mailto:member.pro4a@philhealth.gov.ph">member.pro4a@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  San Pablo, Laguna  Trece Martires City, Cavite  Dasmariñas City, Cavite  Calamba, Laguna  Gumaca, Quezon  Lucena City, Quezon	Cosico Avenue Brgy. Del Remedio, San Pablo City, Laguna(near Laguna State Polytechnic University, San Pablo City campus)  1 FS Building, Governor’s Drive Brgy. Hugo-Perez, Trece Martires City, Cavite  2nd Flr., Central Mall Annex, Aguinaldo Highway,Salitran II, Dasmariñas Cavite  CMC Annex Bldg. National Highway Crossing, Real, Calamba City  Manuelito Lorica Bldg., Brgy. Pipisik, Gumaca Quezon  LGCTI Bldg., Diversion Road, Brgy. Ilayang Dupay, Lucena City	(049) 562-7027 (fax); (049) 562-9242 <a href="mailto:sanpablo.pro4a@philhealth.gov.ph">sanpablo.pro4a@philhealth.gov.ph</a>  (046) 419-1686; (046) 419-0701 <a href="mailto:trecemartires.pro4a@philhealth.gov.ph">trecemartires.pro4a@philhealth.gov.ph</a>  (046) 472-0501; (046) 472-0468 <a href="mailto:dasma.pro4a@philhealth.gov.ph">dasma.pro4a@philhealth.gov.ph</a>  (049) 502-5697; (049) 544-4551 <a href="mailto:calamba.pro4a@philhealth.gov.ph">calamba.pro4a@philhealth.gov.ph</a>  (042) 317-7754 <a href="mailto:gumaca.pro4a@philhealth.gov.ph">gumaca.pro4a@philhealth.gov.ph</a>  (042) 3736703; (042) 373-6359 <a href="mailto:lucena.pro4a@philhealth.gov.ph">lucena.pro4a@philhealth.gov.ph</a>
<u>PhilHealth Express</u>  Robinsons Sta. Rosa City, Laguna Robinsons Place Dasmariñas City, Cavite Robinsons Place Bacao, Gen. Trias, Cavite 2 <sup>nd</sup> Floor, Main Square Mall, Molino Blvd., Bacoor City, Cavite		

<u>Service Desk</u> San Pedro, Laguna	3rd Floor Robinsons Galleria South Km. 31 National Highway, Brgy. Nueva, San Pedro, Laguna Office hours: 10am-6:00pm	
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OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO IV-B - Batangas	Xentro Mall Batangas City, Diversion Road, Brgy. Alangilan, Batangas City, Batangas	<a href="mailto:region4b@philhealth.gov.ph">region4b@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  Lemery, Batangas  Lipa City, Batangas  Tanauan City, Batangas	2nd Floor Pinnacle Commercial Bldg., Ilustre Ave., corner J.P. Rizal and Independencia Sts., Lemery, Batangas  The Only Place Business Center Marawoy, Lipa City  2/F MBP Business Center President Laurel Highway, Poblacion Brgy. III Tanauan City, Batangas 4232	(043) 403-8422  (043) 312-5325  (043) 778-6242; (043) 778-6080 (Fax)
<u>Island Local Health Insurance Offices</u>  Boac, Marinduque  Puerto Princesa City  Mamburao, Occidental Mindoro	Ground Floor Zenturia Hotel Isok I, Boac, Marinduque  Ground Floor, Yurich Bldg., Tiansuy Road cor. National Highway, Brgy. San Jose, Puerto Princesa City, Palawan  ANTRAM Bldg. Seabreeze Subd., Brgy. Tayamaan, Mamburao, Occidental Mindoro	(042) 332-2274  (043) 711-1778

Calapan City, Oriental Mindoro	Meck Bldg., Brgy. Masipit, Calapan City, Oriental Mindoro	
Mindoro Romblon	2/F GNI Bldg, Cocoville St, Brgy Dapawan, Odiongan, Romblon	
<u>PhilHealth Express</u>		
Robinsons Place Lipa	2/F Robinsons Place, Mataas na Lupa, Lipa City, Batangas	
NuCiti Baymall, Batangas City	NUCITI Bldg., P. Burgos St., Batangas City	
Robinsons Palawan	Robinsons Place, Brgy. San Jose Puerto Princesa City, Palawan	
<b>Service Desk</b>		
Roxas, Oriental Mindoro	Municipal Hall of Roxas, Oriental Mindoro Open every 1st & 2nd Thursday of the month	
Pinamalayan, Oriental Mindoro	One-Stop-Shop Municipality of Pinamalayan, Oriental Mindoro Open every 3rd & 4th Thursday of the month	
Sta. Cruz, Marinduque	Sta. Cruz Municipal Hall, Brgy. Maharlika, Sta. Cruz, Marinduque Open every 4th Wednesday of the month	
Torrijos, Marinduque	Torrijos Municipal Hall, Brgy. Poblacion, Torrijos, Marinduque Open every last Wednesday of the month	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b>  PRO V - Legazpi	ANST IV Bldg., Benny S. Imperial Drive, Legazpi City, Albay	Healthline: (052) 481-5596
<u>Local Health Insurance Offices</u>  Legazpi City, Albay  Masbate City, Masbate  Naga City, Camarines Sur  Daet, Camarines Norte  Sorsogon, Sorsogon  Virac, Catanduanes	2/F delos Santos Commercial Bldg. LandCo Business Park, Bitano Legazpi City  VMBT Building, Mabini St., Brgy. Kalipay, Masbate City, Masbate  Westpark, Magsaysay Ave., Naga City 4400  Manzihing Corporation Building Purok 1, Binanuaan, Talisay, Camarines Norte  Sorcom Leasing, Burgos St., Brgy. Talisay, Sorsogon City, Sorsogon  2/F Riverside Building, Virac Town Center Gogon Sirangan, Virac, Catanduanes 4800	(052) 481-55-96 (telefax); (052) 480-15-89 <a href="mailto:albay.pro5@philhealth.gov.ph">albay.pro5@philhealth.gov.ph</a>  (056) 333-6041 <a href="mailto:masbate.pro5@philhealth.gov.ph">masbate.pro5@philhealth.gov.ph</a>  (054) 473-5632; (054) 472-1483 <a href="mailto:naga.pro5@philhealth.gov.ph">naga.pro5@philhealth.gov.ph</a>  (054) 440 3380-81 <a href="mailto:daet.pro5@philhealth.gov.ph">daet.pro5@philhealth.gov.ph</a>  (056) 421-5582 <a href="mailto:sorsogon.pro5@philhealth.gov.ph">sorsogon.pro5@philhealth.gov.ph</a>  <a href="mailto:virac.pro5@philhealth.gov.ph">virac.pro5@philhealth.gov.ph</a>
<u>PhilHealth Express</u>  Iriga City, Camarines Sur	City Public Library, Poblacion, Iriga City	(054) 456-2174 <a href="mailto:camsurex.pro5@philhealth.gov.ph">camsurex.pro5@philhealth.gov.ph</a>

Sipocot, Camarines Sur	LGU Annex Building, LGU Compound Sipocot, Camarines Sur	(054) 450-6054 <a href="mailto:camsurex.pro5@philhealth.gov.ph">camsurex.pro5@philhealth.gov.ph</a>
Tabaco, Albay	Ground Floor, Municipal Building Tabaco City	(052) 203-0262 <a href="mailto:albayex.pro5@philhealth.gov.ph">albayex.pro5@philhealth.gov.ph</a>
Ligao, Albay	Multipurpose Building, Barangay Guildid Ligao City	(052) 485-1898 <a href="mailto:albayex.pro5@philhealth.gov.ph">albayex.pro5@philhealth.gov.ph</a>
<b>Satellite Office</b> LGU Office Compound, Sta. Elena, Camarines Norte LGU Compound, Nabua, Camarines Sur	LGU Office Compound, Sta. Elena, Camarines Norte  LGU Compound, Nabua, Camarines Sur	
<b>Service Desk</b>	Santa Elena Municipal Bldg., Santa Elena, Camarines Norte	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO VI - Iloilo	Gaisano Capital Building, Luna Street, Lapaz, Iloilo City	(033) 501-9160 to 62 loc. 100/102; (0998) 959-9487 <a href="mailto:region6@philhealth.gov.ph">region6@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  Kalibo, Aklan    San Jose, Antique    Roxas City, Capiz    Bacolod City, Negros Occidental    Passi City, Iloilo	L. Kristen and OJ's Place D. Magma Street Kalibo, Aklan    Ground Floor, St. Nicholas Commercial Building, TA Fornier Street, San Jose, Antique    SHJ Bldg, Gov. Gabriel Hernandez Avenue, Roxas City, Capiz    Vision Square Building, San Agustin Drive, Bacolod City, Negros Occidental    Carpark Area, Gaisano Capital, Simeon Aguilar Street, Pob., Ilawod Passi City, Iloilo	(036) 268-9001; 500-7211; 262-8001; 500-7106; 500-7118; 500-8703; (0917) 722-4451 <a href="mailto:kalibo.pro6@philhealth.gov.ph">kalibo.pro6@philhealth.gov.ph</a> , <a href="mailto:it-kalibo.pro6@philhealth.gov.ph">it-kalibo.pro6@philhealth.gov.ph</a>  (036) 540-8052; 540-7209; 540-8023; (0917) 717-7135 <a href="mailto:sanjose.pro6@philhealth.gov.ph">sanjose.pro6@philhealth.gov.ph</a> / <a href="mailto:ps_antique@yahoo.com">ps_ antique@yahoo.com</a>  (036) 522-4369; 621-0325; 522-8258; (0917) 7177183 <a href="mailto:roxas.pro6@philhealth.gov.ph">roxas.pro6@philhealth.gov.ph</a> / <a href="mailto:cpz_pso@yahoo.com">cpz_pso@yahoo.com</a>  (034) 708-5335; 709-0133; (034) 432-2319; 433-3694 <a href="mailto:pso_bacolod@yahoo.com">pso_bacolod@yahoo.com</a>  (033) 536-8301; (033) 311-6261; (0917) 390-8739 <a href="mailto:philhealthpassi@yahoo.com">philhealthpassi@yahoo.com</a> ; <a href="mailto:iloilo.dc@philhealth.gov.ph">iloilo.dc@philhealth.gov.ph</a>

Iloilo City, Iloilo	Ground Floor, Gaisano Capital Building, Luna Street, Lapaz, Iloilo City	<a href="http://health.gov.ph">health.gov.ph</a> ; <a href="mailto:passi.pro6@philhealth.gov.ph">passi.pro6@philhealth.gov.ph</a>  (033) 501-9160 to 62 loc. 100/102; (0998) 959-9487 <a href="mailto:iloilo.dc@philhealth.gov.ph">iloilo.dc@philhealth.gov.ph</a>
Sagay City, Negros Occidental	G/F NNPAI Building, National Highway, Pob. 2, Sagay City	(034) 722-0116; 488-0587; (0917) 717-7182 <a href="mailto:sagay.pro6@philhealth.gov.ph">it-sagay.pro6@philhealth.gov.ph</a> / <a href="mailto:psosagay@yahoo.com">psosagay@yahoo.com</a>
Kabankalan City, Negros Occidental	NZ Bldg, JY Perez Highway, Barangay Talubangi, Kabankalan City, Negros Occidental	(034) 746-8256; 471-2050; (0925) 874-5410 <a href="mailto:kabankalan.pro6@philhealth.gov.ph">kabankalan.pro6@philhealth.gov.ph</a>
Sara, Iloilo	Cecilio Tady Street, Pob. Sara, Iloilo	(033) 392-0520; 393-0262; (0917) 717-7184 <a href="mailto:sara.pro6@philhealth.gov.ph">sara.pro6@philhealth.gov.ph</a>
<b>PhilHealth Express</b>		
Robinsons Bacolod, Bacolod City	3/F Robinsons Place Bacolod Mandalagan, Bacolod City	(0933) 629-6623
Robinsons Iloilo, Iloilo City	Lingkod Pinoy Center, 3rd level Robinsons Place Iloilo, Mabini Street, Iloilo City	(0918) 553-3223 <a href="mailto:exp.robiloilo@philhealth.gov.ph">exp.robiloilo@philhealth.gov.ph</a>
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 <a href="mailto:express.capiz@philhealth.gov.ph">express.capiz@philhealth.gov.ph</a>

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	(036) 288-7757; (0930) 301-4551 caticlan_philhealthexpress.com.ph
San Jose, Antique	3/F Lingkod Pinoy Center, Robinsons Place, San Angel, San Jose, Antique	<a href="mailto:psso.antique@yahoo.com">psso.antique@yahoo.com</a>
<b>Satellite Office</b>		
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	3rd Flr, Festive Walk Mall Annex, Iloilo Business Park, Megaworld Blvd., Barangay San Rafael, Mandurriao, Iloilo City	(033) 315-4074
Pavia	3rd Floor, Robinsons Place Pavia, Iloilo	(033) 315-4075

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO VII - Cebu	7th and 8th Floor, Skytower, N. Escario Street corner Acacia Street, Cebu City 6000	
<u>Local Health Insurance Offices</u>		
Cebu City	G/F Golden Peak Hotel & Suites N. Escario Street, Cebu City 6000	(032) 233-3287 <a href="mailto:cebu.pro7@gmail.com">cebu.pro7@gmail.com</a>
Mandaue City, Cebu	Wireless Plaza, Hernan Cortes corner Lopez Jaena Streets, Subangdaku, Mandaue City 6014 Cebu	(032) 505-3022 (telefax) <a href="mailto:philhealthmandaue01@gmail.com">philhealthmandaue01@gmail.com</a>
Carcar City, Cebu	Lower Ground, New Carcar City Hall, Poblacion 3, Carcar City 6019 Cebu	<a href="mailto:lhioccarcar@gmail.com">lhioccarcar@gmail.com</a>
Danao City, Cebu	J. D. Almendras Building, National Road, Poblacion, Danao City 6004 Cebu	(032) 324-7963; 0917 147 5041 <a href="mailto:danaolhio.philhealth@gmail.com">danaolhio.philhealth@gmail.com</a>
Tagbilaran City, Bohol	JGY Building, J.A Clarin Street (Beside Motortrade and Colour Steel), Tagbilaran City 6300 Bohol	(038) 412-0248; (038) 235-5622 (telefax) <a href="mailto:phictag.reg@gmail.com">phictag.reg@gmail.com</a>
Talibon, Bohol	RHU Building, Municipal Hall Compound, Talibon 6325 Bohol	(038) 515-5165 (telefax) <a href="mailto:talibon.pro7@gmail.com">talibon.pro7@gmail.com</a>
Dumaguete City, Negros Oriental	2nd Floor Poincare I Building, National Highway corner E.J. Blanco Drive Extension, Dumaguete City 6200 Negros Oriental	(035) 422-3931; (035) 225-9297 (telefax) <a href="mailto:dgtephilhealth@gmail.com">dgtephilhealth@gmail.com</a>
Bais City, Negros Oriental	Vean Bldg., Roxas Street, Bais City 6206 Negros Oriental	(035) 402-3415; (035) 402-8786 (telefax) <a href="mailto:bais.pro7@philhealth.gov.ph">bais.pro7@philhealth.gov.ph</a>

<p><u>Satellite Office</u></p> <p>Siquijor</p>	<p>Ground Floor, Multi-Purpose Center, Poblacion, Siquijor 6225 Siquijor</p>	<p>(035) 480-9844; 0995 471 6991 <a href="mailto:siquijorso.pro7@gmail.com">siquijorso.pro7@gmail.com</a></p>
<p><b>PhilHealth Express</b></p> <p>SM City Cebu</p> <p>Robinsons Fuente</p> <p>Robinsons Galleria</p> <p>SM City Consolacion</p> <p>Galleria Luisa Mall</p>	<p>2nd Level, Government Services Express, SM City Cebu, North Reclamation Area, Cebu City Mondays, Tuesdays, Wednesdays; 10 am to 6 pm</p> <p>3rd Level, Lingkod Pinoy Center, Robinsons Fuente, Osmeña Boulevard, Cebu City Mondays, Tuesdays, Thursdays; 10 am to 6 pm</p> <p>3rd Level, Lingkod Pinoy Center, Robinsons Galleria, Gen. Maxilom Avenue Extension, Cebu City Mondays, Wednesdays, Fridays; 10 am to 6 pm</p> <p>2nd Level, SM City Consolacion, Cebu North Road, Lamac, Consolacion, Cebu Mondays, Tuesdays, Wednesdays; 10 am to 6 pm</p> <p>2<sup>nd</sup> Level, SM City Consolacion, Cebu North Road, Lamac Consolacion, Cebu Mondays, Tuesdays, Wednesdays; 10 am to 6 pm</p>	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO VIII - Tacloban	Brgy. 24, P. Burgos Street, Tacloban City, Leyte	(053)325-3563; (053) 523-1195 (Fax) <a href="mailto:info.pro8@philhealth.gov.ph">info.pro8@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  Borongan Local Health Insurance Office  Catarman Local Health Insurance Office  Maasin Local Health Insurance Office  Ormoc Local Health Insurance Office  Tacloban Local Health Insurance Office  Catbalogan Local Health Insurance Office  Naval, Biliran	Primea Hotel, G. Abogado cor. San Francisco Streets Barangay C, Borongan City, Eastern Samar  6A Building, Garcia corner Mabini Streets Barangay Jose Abad Santos, Catarman, Northern Samar  R. Kangleon Street, Barangay Mambajao, Maasin City  Anica Bldg., Brgy. Nadongholan, Ormoc City, Leyte  No. 21 Queen of Peace, Brgy,. 76, Fatima Village, Tacloban City  Cinco Estate Bldg., San Bartolome St., corner Rizal Avenue St., Catbalogan, Western Samar  Bernandes 2, Brgy. Atipolo, Naval, Biliran	(055) 261-3329; (055) 500-9065 (fax) <a href="mailto:borongan.pro8@philhealth.gov.ph">borongan.pro8@philhealth.gov.ph</a>  (055)251-8240; (055)500-9281; (0917) 323-0036  (053)381-3862; (053)570-8365  (053)255-4859; (053)561-2809  (053) 888-0804  (055)543-8090  (053) 500-9016 <a href="mailto:philhealthnaval@gmail.com">philhealthnaval@gmail.com</a>
<u>Business Centers</u>  Calbayog, City  Baybay City	Nijaga Street, Barangay Central, Calbayog City  G/F Legislative Building, R. Magsaysay Street, Baybay City	<a href="mailto:calbayog.pro8@philhealth.gov.ph">calbayog.pro8@philhealth.gov.ph</a> (055) 533-9876  (053) 563-7283 <a href="mailto:baybay.pro8@philhealth.gov.ph">baybay.pro8@philhealth.gov.ph</a>

<u>PhilHealth Express</u>		
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.	
Robinsons - Ormoc City	3rd Floor, Robinson's Mall-Ormoc, Brgy. San Pablo, Simangay, Ormoc City	
<u>Service Desks</u>		
Hilongos Service Desk	Municipal Hall, Hilongos, Leyte (053)336-2254 Opens every Tuesday to Friday	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO IX - Zamboanga	BGIDC Corporate Center, Gov. Lim Ave., Zamboanga City	(062) 992-2739 (fax) <a href="mailto:region9@philhealth.gov.ph">region9@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  Zamboanga City  Ipil, Zamboanga  Pagadian City, Zamboanga de Sur  Dipolog City, Zamboanga del Norte	Wee Agro II bldg., Veterans Ave., Zamboanga City  NMJ Bldg., Gethsemani St., cor. Sucgang Ave., Ipil, Zamboanga Sibugay  Nesoricom Prime Arcade, Tiguma, Pagadian City  3E Property, Gawchua Building, Turno Highway, Turno, Dipolog City, Zamboanga del Norte	(062) 310-3516  (062) 333-5495  (062) 214-4303  (062) 212-7860
<u>PhilHealth Express</u>  Zamboanga City Medical Center Yubenco Grand Mega Starmall KCC Mall de Zamboanga	Evangelista St., Zamboanga City Putik, Zamboanga City Gov. Camins, Zamboanga City	

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO X - Cagayan De Oro	8F Gateway Tower 2, Limketkai Center, C.M. Recto Avenue, Cagayan de Oro City	(088) 859-0225 <a href="mailto:region10@philhealth.gov.ph">region10@philhealth.gov.ph</a>
<b>Local Health Insurance Offices</b>  Cagayan De Oro  Valencia, Bukidnon  Ozamis City, Misamis Occidental  Gingoog City, Misamis Oriental  Iligan City, Lanao Del Norte	2/F Gateway Tower 2, Claro M. Recto Ave, Cagayan de Oro  GF Candelaria Bldg., Sayre Hi-way, Hagkol Valeciana City Bukidnon  YPE Bldg., National Hiway, Purok 1, Lam-an, Ozamiz City, Misamis Occidental  FNX Commercial Bldg., Motoomul St., Brgy. 22-A, Gingoog City  GF Gonzales - Gimeno Bldg. 4 Macapagal Avenue Tubod Iligan City	
<b>Business Center</b>  Malaybalay  Maramag  Camiguin	Old Provincial Hospital, Capitol Compound, Malaybalay, Bukidnon  Stall 2&4, Perimeter Bldg., Integrated Bus Terminal, Maramag, Bukidnon  Dychauco Arcade, Gen. B. Aranas Street Barangay Poblacion, Mambajao Province of Camiguin	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, Barangay 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

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO CARAGA - Butuan	Lynzee's Building, 766 J. Rosales Avenue, Butuan City	(085) 342-0900; (085) 816-0019; (085) 225-7026 loc. 101-103 <a href="mailto:caraga@philhealth.gov.ph">caraga@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>		
PMAC (LHIO Butuan City)	2/F Caraga Ramlizdy Bldg., J.C. Aquino Avenue, Butuan City	(085) 342-0900 <a href="mailto:pmac.procaraga@philhealth.gov.ph">pmac.procaraga@philhealth.gov.ph</a>
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 <a href="mailto:bislig.procaraga@philhealth.gov.ph">bislig.procaraga@philhealth.gov.ph</a>
San Francisco, Agusan Del Sur	Saint Francis Bldg., National Highway, Purok 7, Brgy. Hubang, San Francisco, Agusan del Sur	(085) 242-3883; (085) 343-9288 (fax) <a href="mailto:francisco.procaraga@philhealth.gov.ph">francisco.procaraga@philhealth.gov.ph</a>
Surigao City, Surigao Del Norte	2F Primeglee Bldg., San Nicolas St. corner Diez St., Surigao City	(086) 231-9261 <a href="mailto:surigao.procaraga@philhealth.gov.ph">surigao.procaraga@philhealth.gov.ph</a>
Tandag, Surigao del Sur	2nd Floor JTP Bldg., Bagong Lungsod, Tandag City, Surigao del Sur	(086) 211-4196; 211-4360 <a href="mailto:tandag.procaraga@philhealth.gov.ph">tandag.procaraga@philhealth.gov.ph</a>
Agusan del Sur	Alexandra Bldg., National Highway, Brgy. Hubang San Francisco, Agusan del Sur	(085) 343-9288; 242-3883
<u>PhilHealth Express</u>		
Gaisano Capital Surigao, Surigao City	2nd Floor Gaisano Capital Surigao Km. 4 Barangay Luna, Surigao City	

<p>New Van Terminal, Butuan City</p> <p>Robinson's Place, Butuan City</p>	<p>3rd Floor Lingkod Pinoy</p>	<p>(085) 815-5961</p>
<p><u>Service Desk</u></p> <p>MSWD Office, Municipal Hall, Nasipit, Agusan del Norte</p> <p>Cabadbaran City Hall Lobby, Cabadbaran City, Agusan del Norte</p> <p>Municipality of Hinatuan, Old Service Desk RHU Building, Aquino, Hinatuan, Surigao del Sur (Every Friday)</p> <p>Municipality of Lingig, Poblacion, Lingig, Surigao del Sur(Every Thursday)</p> <p>Municipality of Tagbina, RHU Tagbina, Poblacion, Tagbina, Surigao deL sur (Every Wednesday) LGU Claver, Surigao del Norte</p> <p>LGU San Jose, Province of Dinagat Islands</p> <p>LGU Dapa, Siargao Islands, Surigao del Norte</p> <p>RHU San Miguel, San Miguel, Surigao del Sur (Every Tuesday)</p>		

<p>Lianga District Hospital, Lianga, Surigao del Sur (Every Wednesday)</p> <p>Madrid District Hospital, Madrid, Surigao del Sur (Every 2nd and 3rd Thursday)</p> <p>MSWD Office, Cantilan, Surigao del Sur (Every 3rd Friday)</p> <p>Carrascal Diagnostic Bldg., Carrascal, Surigao del Sur (Every 2nd Friday)</p>		<p>(0928) 3940190</p> <p>(0908) 8743038</p> <p>(086) 212-5543</p> <p>(0930) 7612839</p>
<p><u>PhilHealth Business Center</u></p> <p>CHO Bayugan City (Every 2nd and 4th Tuesday)</p> <p>RHU Trento, Agusan del Sur (Every Wednesday)</p> <p>RHU Talacogon, Agusan del Sur (Every 1st &amp; 3rd Tuesday)</p> <p>RHU Veruela, Agusan del Sur (Every 1st Thursday of the month)</p> <p>RHU Sta. Josefa, Agusan del Sur (Every 2nd Thursday of the month)</p> <p>RHU San Luis, Agusan del Sur (Every 3rd Thursday of the month)</p> <p>RHU Sibagat, Agusan del Sur (Every 4th Thursday of the month)</p>		<p>(0922) 8031877</p> <p>(0908) 7675920</p> <p>(0918) 5893391</p> <p>(0910) 5427366</p> <p>(0928) 6120147</p> <p>(0910) 0904028</p> <p>(0949) 9961400</p>

RHU Veruela, Agusan del Sur (Every 1<sup>st</sup>  
Thursday of the month)

(0910) 0904028

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> 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) <a href="mailto:publicaffairs.pro11@gmail.com">publicaffairs.pro11@gmail.com</a> ; <a href="mailto:info.pro11@philhealth.gov.ph">info.pro11@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>  Davao City  Tagum City, Davao del Norte  Digos, Davao Del Sur  Mati, Davao Oriental  Nabunturan, Compostela Valley Province	Valgosons Building Bolton Extension, Poblacion, Davao City  G/Flr. F. Ramos Building, Lapu-lapu Street Magugpo, Poblacion, Tagum City, Davao Del Norte  De Leon Bldg., Roxas Ext. St. Brgy. San Miguel, Digos City, Davao del Sur  Roche Building, Andravel corner Mabini Streets Barangay Central, Mati, Davao Oriental  A. Ford Building, Purok 17, National Highway Nabunturan, Compostela Valley	Trunkline: (082) 295-2133 local 6328 to 30   Trunkline: (082) 295-2133 local 6363-64 Direct Lines:(084) 655-9609; (084) 655-0834  Trunkline: (082) 295-2133 local 6365-66  Trunkline: (082) 295-2133 local 6367-68; Direct Line: (087) 388-4920;  Trunkline: (082) 295-2133 local 6361-62; Mobile No.: (0925) 5275048
<u>PhilHealth Express</u>  Calinan, Davao City	Old Barangay Hall beside Police Station, Aurora-Quezon St., Calinan, Davao City	<a href="mailto:pro11.express.toril@gmail.com">pro11.express.toril@gmail.com</a>

Toril, Davao City	Urban Center B, Juan dela Cruz Street, Brgy. Daliao, Toril Dist., Davao City	<a href="mailto:pro11.express.toril@gmail.com">pro11.express.toril@gmail.com</a>
Panabo City	Panabo City Multi-Purpose Tourism Cultural and Sports Center, JP Laurel, Pan-Philippine Highway, Panabo City, Davao del Norte	<a href="mailto:pro11.express.panabo@gmail.com">pro11.express.panabo@gmail.com</a>
Robinsons Place, Tagum City	4th Level Robinsons Place, National Highway, Tagum City, Davao del Norte	(0916) 5371840 <a href="mailto:tagum.pro11@gmail.com">tagum.pro11@gmail.com</a>
Sulop, Davao del Sur	Sulop Public Market, Sulop, Davao del Sur	(082) 272-3705; (0939) 6474800
Malita, Davao Occidental	Cir, Geverola & Yahya Sts. Poblacion, Malita, Davao Occidental	(0945) 5435230 <a href="mailto:peomalita.pro11@gmail.com">peomalita.pro11@gmail.com</a>
<u>PhilHealth Business Center</u>		
One Stop Service Center Office (OSSCO) Gaisano Mall Davao	5 <sup>th</sup> Floor, OSSCO, Gaisano Mall of Davao, Bajada, J.P. Laurel Ave., Davao City, Davao del Sur	<a href="mailto:pro11.fod.ossco@gmail.com">pro11.fod.ossco@gmail.com</a>

OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO XII - Koronadal	CSA I Building Cor. Zulueta Street, General Santos Drive, Koronadal City	(083) 228-9731 to 34 (fax); (083) 228-4733 <a href="mailto:region12@philhealth.gov.ph">region12@philhealth.gov.ph</a> <a href="mailto:admin.pro12@philhealth.gov.ph">admin.pro12@philhealth.gov.ph</a>
<u>Local Health Insurance Offices</u>		
General Santos City, South Cotabato	JM II Bldg., Pendatun Avenue, Dadiangas North, General Santos City	(083) 305-1949 <a href="mailto:generalsantos.pro12@philhealth.gov.ph">generalsantos.pro12@philhealth.gov.ph</a>
Kidapawan City, North Cotabato	Apol-J Bldg., Quezon Blvd., Kidapawan City	(064) 278-4360 <a href="mailto:kidapawan.pro12@philhealth.gov.ph">kidapawan.pro12@philhealth.gov.ph</a>
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 <a href="mailto:pmac.pro12@philhealth.gov.ph">pmac.pro12@philhealth.gov.ph</a>
Cotabato City, Cotabato	F.A. Tan Bldg., SK Pendatun Ave., Cotabato City	(064) 421-7292; (064) 471-0304 <a href="mailto:cotabato.pro12@philhealth.gov.ph">cotabato.pro12@philhealth.gov.ph</a>
Isulan, Sultan Kudarat	R.E.R. Commercial Bldg. National Highway, Isulan, Sultan Kudarat	(064) 201-5009 <a href="mailto:isulan.pro12@philhealth.gov.ph">isulan.pro12@philhealth.gov.ph</a>
<u>PhilHealth Express</u>		
PhilHealth Express General Santos Level 1, Robinson's Place Lagao, Gen. Santos City		
PhilHealth Express Lebank Overland Transport Lebak Lebak, Sultan Kudarat		

<p>PhilHealth Express M'lang New Public Terminal JP Laurel St., M'lang, Cotabato</p> <p>PhilHealth Express Midsayap Municipal Conference Room Next to the Mayor's Office, Midsayap</p>		
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OFFICES	ADDRESS	CONTACT INFORMATION
<b>Regional Office</b> PRO BARMM - Marawi	Kouzbary Business Complex, Alibin Talib Street, New Capitol HTs, Marawi Poblacion, Marawi City	<a href="mailto:pro.armm@philhealth.gov.ph">pro.armm@philhealth.gov.ph</a>   <a href="mailto:phic_armm@yahoo.com">phic_armm@yahoo.com</a>
<b>Local Health Insurance Office</b>  Bongao, Tawi-Tawi  Marawi City  Datu Odin Sinsuat (DOS)  Buluan, Maguindanao  LHIO Basilan  LHIO Sulu	Zacarias Bldg., Tubig boh, Bongao, Tawi-Tawi  Ground Floor, Khouzgary Business Complex Ja'far Bin Abu Talib St., New Capitol Heights, Marawi City  Ground Floor, A and N Business Center Barangay Upper Capiton, Datu Odin Sinsuat, Maguindanao  Provincial Compound, Narra St., Poblacion, Buluan, Maguindanao  JMMD Building, Sunrise Village, Isabela City, Basilan  Sulo Masonic Foundation, Bus Bus St. Jolo Sulo	(0919) 874-2705 <a href="mailto:ptawitawi@gmail.com">ptawitawi@gmail.com</a>  (0938) 212-9134/ (0905) 574-5492  (064) 557-1423  (0926) 391-9848
<b>PhilHealth Express</b>  ORC Complex, Cotabato City		