



March 16, 2018

**CORPORATE MEMORANDUM**

No. 2018-0041

**NOTICE OF VACANCIES**

Attached is the list of vacant First and second level positions in the Corporation with the corresponding item number, salary grade and qualification standards for filling-in. Said positions were also published in the CSC website at <http://ncr.csc.gov.ph> in compliance to CSC MC No. 24, s. 2017.

Qualified applicants are advised to hand in their Application Form (Annex D), fully accomplished Personal Data Sheet (PDS) with passport-sized picture, performance rating in the present position for one (1) year (if applicable), work experience sheet, certificate of eligibility, transcript of records, sworn declaration/identification of relatives in PhilHealth, certification of no conflict of interest and non-disclosure agreement form to the following concerned offices within the application period:

MASTER COPY  
 DC: My Date: 4/3/18

- for Central Office vacancies : **Human Resource Department**  
Room 1509 15<sup>th</sup> floor CityState Center Building 709 Shaw Blvd. Brgy. Oranbo Pasig City
- for PRO NCR vacancies : **PhilHealth Regional Office NCR**  
VCP Building 68 Kalayaan Avenue Teachers Village West Quezon City
- For PRO IVA vacancies : **PhilHealth Regional Office IVA**  
Lucena Grand Central Terminal, Brgy. Ilayang Dupay, Lucena City
- For PRO VII vacancies : **PhilHealth Regional Office VII**  
Golden Peak Hotel & Suites Gorordo Avenue corner Escario Street, Cebu City
- For PRO VIII vacancies : **Philippine Regional Office VIII**  
P. Burgos St. Tacloban City

Only applications submitted with the application period and with complete documents shall be considered for evaluation.

**Application period:** APR 03 2018 to APR 12 2018

After such period, no applications shall be entertained. Further, only applicants with complete documents shall be considered for evaluation.

You may contact HRD at 441-7442 local 7524 for queries on matters not covered by this advisory.

  
**HENRY V. ALMANON**  
 Senior Manager, Human Resource Department

Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Request for Publication of Vacant Positions

To: CIVIL SERVICE COMMISSION (CSC)

This is to request the publication of the following vacant positions of PHILIPPINE HEALTH INSURANCE CORPORATION in the CSC website:

DR. CELESTINA MA. JUDE P. DE LA SERNA

(Head of Agency)

Date: \_\_\_\_\_

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Division Chief IV	07-00-0003	24	73,299.00	Master's Degree or Certificate in Leadership and Management from the CSC	40 hours of supervisory/management learning and development intervention undertaken within the last 5 years	4 years of supervisory/management experience	Career Service (Professional)/ Second Level Eligibility		Corporate Planning Department
2	Mechanic II	19-02-0001	6	14,340.00	High School Graduate or Completion of relevant vocational/ trade course	None required	None required	Mechanic (MC 11, s. 96 - Cat. I)		Physical Resources and Infrastructure Department

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than \_\_\_\_\_.

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at [www.csc.gov.ph](http://www.csc.gov.ph);
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

**HENRY V. ALMANON**

Senior Manager, Human Resource Department  
 on 1509 15th Floor No. 709 Shaw Blvd Brgy. Oranbo Pasig (C)  
[recruitment@philhealth.gov.ph](mailto:recruitment@philhealth.gov.ph)

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

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 DC: MJS Date: 4/3/18

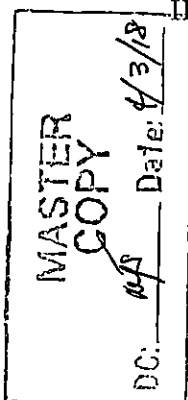
**JOB TITLE** : **DIVISION CHIEF IV**  
**OFFICE** : Planning and Policy Development Division  
Corporate Planning Department  
**SALARY GRADE** : 24

**JOB SUMMARY:**

Plans, directs, controls and supervises all activities related to strategic planning, and integrated business and operational planning processes of the corporation. He/she shall ensure strategic relationships with key stakeholders. He/she shall also influence, initiate and drive corporate-wide policy development.

**JOB DESCRIPTION:**

1. Supervises the development of planning framework for the corporation and the subsequent development of short-, medium-, and long-term plan(s) and corporate operational plans.
2. Ensures that operational plans of the various organizational units and the related systems, processes and resource requirements are consistent with corporate strategic thrusts.
3. Supervises the development and enhancement of corporate policies based on the approved policy and legislative agenda of the corporation.
4. Maintains relations with stakeholders on political and legislative matters.
5. Ensures the preparation of position papers and policy instruments on matters that affect the implementation of the NHIP.
6. Supervises the development of proposals to ensure sufficient allocation and release of the national government premium counterpart.
7. Reviews, monitors and countersigns all reports, correspondences, communications, and other documents prepared by staff directly supervised.
8. Participates in activities of management committees as may be assigned and required of position.
9. Supervises, monitors and evaluates the work performance of division staff directly supervised.
10. Performs other duties that may be assigned and delegated by the Department Manager III, Corporate Planning Department.



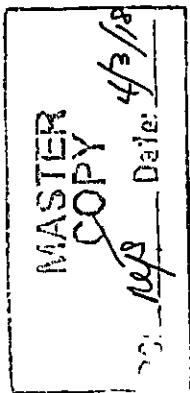
**JOB TITLE** : **MECHANIC II**  
**OFFICE** : Motorpool Team  
General Services Section  
**SALARY GRADE** : 6

**JOB SUMMARY :**

Under general supervision, the Mechanic II shall be responsible for checking, repairing, tuning up and changing of defective parts of the government vehicles as well as transporting PhilHealth personnel to and from their official destination.

**JOB DESCRIPTION:**

1. Checks and repairs minor defect, tune up and change defective parts of commission vehicles.
2. Cleans and maintains the PhilHealth vehicles.
3. Ensures the smooth operation of PhilHealth vehicles through regular maintenance activities.
4. Reports immediately to the Motorpool Supervisor, any defect or problems that may affect or hinder the normal operation of the vehicle.
5. Serves as alternate Driver in transporting PhilHealth personnel to and from their official destination/s.
6. Performs other related task that may be assigned or delegated by the Administrative Officer II, Motorpool Team.



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Request for Publication of Vacant Positions

To: CIVIL SERVICE COMMISSION (CSC)

This is to request the publication of the following vacant positions of (PHILIPPINE HEALTH INSURANCE CORPORATION) in the CSC website:

DR. CELESTINA MA. JUDE P. DE LA SERNA  
(Head of Agency)

Date: \_\_\_\_\_

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Chief Social Insurance Officer	48-06-0008	22	58,717.00	Bachelor's Degree relevant to the job	24 hours of relevant training	4 years of relevant experience	CS Professional/ Second Level Eligibility		PhilHealth Regional Office NCR Central
2	Social Insurance Officer III	48-03-0042	15	29,010.00	Bachelor's Degree relevant to the job	4 hours of relevant training	1 year of relevant experience	CS Professional/ Second Level Eligibility		PhilHealth Regional Office NCR South
3	Social Insurance Officer I	48-01-0067	11	20,179.00	Bachelor's Degree relevant to the job	None required	None required	CS Professional/ Second Level Eligibility		PhilHealth Regional Office NCR South

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than \_\_\_\_\_

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at [www.csc.gov.ph](http://www.csc.gov.ph);
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

SHIRLEY B. DOMINGO, M.D.  
Vice President, PhilHealth Regional Office -NCR  
VCP Building No. 68 Kalayaan Ave. Teachers Village West, Q.  
C.  
cleofas@philhealth.gov.ph.

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

MASTER COPY  
Date: 4/3/18  
DC: *mf*

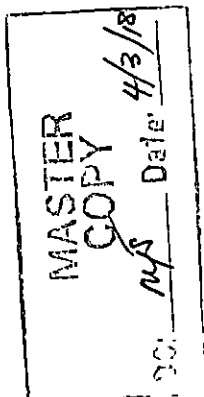
**JOB TITLE** : **CHIEF SOCIAL INSURANCE OFFICER**  
**OFFICE** : **COLLECTION SECTION-Branch Office**  
**SALARY GRADE** : **22**

**JOB SUMMARY:**

Under general supervision, the Chief Social Insurance Officer shall be responsible for the supervision of program implementation in membership management and/or collection/contribution management.

**JOB DESCRIPTION:**

1. Supervises the administration of any of the following NHIP functions/Areas:
  - Membership Management
  - Collection/Contribution Management
  - NHIP Service Office Operations
2. Provide inputs to the short and long range operational objectives, strategies, action plans, and annual budgets of the division
3. Assist in the preparation of indicative plans and operational/accomplishment report of the division
4. Assist the Division Head in monitoring the performance of the unit, review its work processes and recommend change/s to improve and optimize its performance, subject to approval by the Division Head and the PRO-Head
5. Assist in the training/skills development of lower level staff of the unit.
6. Ensure coordination and harmonious working relations between the division and other units of the PRO
7. Prepare simple to highly complex correspondence, presentation materials and other documents as may be required by the higher Officer
8. Performs other related tasks as may be assigned



**JOB TITLE** : **SOCIAL INSURANCE OFFICER III**  
**OFFICE** : **Member Mgt. Team-Branch Office**  
**SALARY GRADE** : **15**

**JOB SUMMARY:**

Under general supervision, the Social Insurance Officer III shall be responsible for providing services in any of the following areas: a) marketing/advocacy to or collection management of medium-sized organized groups/private and government agencies; and b) review of benefit payment computation.

**JOB DESCRIPTION:**

1. Accountable to any of the following sets of activities/tasks depending on what Division he/she will be assigned:

**SET 1: MARKETING AND MEMBERSHIP**

1. Handle groundworking/gathering and analysis of various market data/information needed in marketing program
2. Perform marketing/advocacy-related tasks to target organized groups and individuals, from the information education campaign to enrollment stage
3. Conduct presentation of the National Health Insurance Program to potential donors/Sponsors including but not limited to the Organized Groups and Private/Government Agencies
4. Conduct orientation and re-orientation on NHIP to various stakeholders including the private and government sector members
5. Attend to telephone and walk-in queries and complaints of members and other stakeholders of the NHI Program
6. Prepare reply to letter of inquiry and complaints from members and various stakeholders of the NHI Program
7. Assist in the preparation of a comprehensive marketing-related reports and information for ready reference of PRO Officers and Staff, which may include the following:
  - Status of membership coverage by sector vs. set target
  - Trends and history of membership drop-outs and its causes
  - Table of marketing strategies implemented and its impact on membership enrollment
8. Performs other related tasks as may be assigned

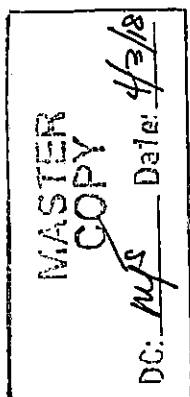
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**SET 2 : COLLECTION/ACCOUNTS MANAGEMENT**

1. Prepare and maintain report on the status of collection and contribution database updating/maintenance for ready reference of PRO Officers and Staff
2. Verify and confirm remittance of employers based on available information in accounts database, recently received employer reports and data from Treasury Department
3. Compute penalty charge for late remittances
4. Analyze/evaluate all issues and concerns regarding contributions data and recommend and/or take appropriate action to manage them
5. Represent the corporation to outside agencies including but not limited to Accredited Collecting Banks/Agents, Sponsors and employers whenever there are collection/contribution accounts concerns that need to be addressed immediately
6. Recommend and/or take appropriate action to manage issues and concerns regarding collection and contributions data.
7. Performs other related tasks as may be assigned

**SET 3 : CLAIMS PROCESSING**

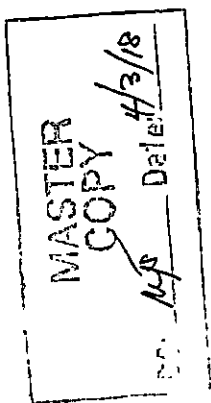
1. Review the computation of reimbursable amount of each claim
2. Check and certify the accuracy of encoded data in validation report vs. claims documents
3. Confirms member/dependent eligibility and completeness of attached supporting documents thereof
4. Ensure that corrections needed are made before preparation of voucher
5. Assist in preparation of various claims report such as daily, weekly and monthly status report, etc.
6. Assist in handling complex queries and complaints pertaining to benefit payment
7. Edit and re-validate wrong entries
8. Review/classify RTS/Denied claims and forwards to Section Chief
9. Performs other related tasks as may be assigned





SET 4 : ACCREDITATION AND QUALITY ASSURANCE

1. Assist in the conduct accreditation surveys, spot visits and monitoring visits to Institutional Health Care Providers based on Quality Assurance/Accreditation Standards
2. Evaluate application for accreditation of Institutional Health Care Providers in terms of compliance to accreditation requirements and prepare draft recommendation to the Accreditation Committee for review by the Accreditation Team Leader
3. Assist in coordinating with various agencies/offices for purposes of verification, clarification and monitoring of compliance to deficiencies
4. Assist in preparing reports on pre-accreditation surveys, monitoring, and related activities
5. Recommend accreditation issues for resolution at the Accreditation Committee level
6. Attend to simple to complex queries, complaints of Health Care Providers
7. Assist in the implementation and periodic evaluation on the effectiveness of quality assurance program in the region
8. Performs other related tasks as may be assigned



**JOB TITLE** : **SOCIAL INSURANCE OFFICER I**  
**OFFICE** : **Member Mgt. Team-Branch Office**  
**SALARY GRADE** : **11**

**JOB SUMMARY:**

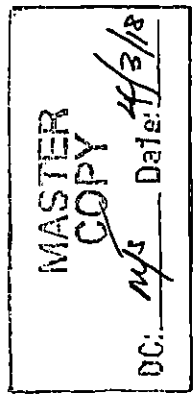
Under general supervision, the Social Insurance Officer I shall provide assistance in any of the following areas: a) marketing/advocacy; b) screening and validation of membership application/amendment forms; c) monitoring of accounts of small to medium sized agencies; d) computation of benefit (performance standards less than SIO II); and e) accreditation of health care professionals and health care providers (less problematic case).

**JOB DESCRIPTION:**

1. Accountable to any of the following set of activities/tasks depending on what Division he/she will be assigned:

**SET 1: MARKETING AND MEMBERSHIP**

1. Coordinate with various offices/agencies as regards program presentation or conduct of researches and interviews
2. Assist in ground working/gathering and analysis of various market data/information needed in marketing the program
3. Perform marketing/advocacy-related tasks to target organized groups and individuals, from the information education campaign to enrollment stage
4. Assist in the presentation of the National Health Insurance Program to potential donors/Sponsors including but not limited to the Organized Groups and Private/Government Agencies
5. Assist in the conduct orientation and re-orientation on NHIP to various stakeholders including the private and government sector members
6. Attend to telephone and walk-in queries and complaints of members and other stakeholders of the NHI Program
7. Issue PhilHealth Number and Identification Cards
8. Conduct initial screening of membership applications received during the marketing operation, then forward the same to the unit in-charge of membership data management
9. Performs other related tasks as may be assigned



**SET 2: MEMBER DATA MANAGEMENT**

1. Review membership information sheet against the membership application form as well as the screening and validation done by the data controllers

2. Evaluate requests for updating of membership data and effect change/s if found to be valid
3. Edit/amend membership data as authorized by the supervisor/authorized officer and prepare report of changes made
4. Assist in the preparation of reply to inquiries and complaints regarding membership data
5. Attend to request for retrieval/viewing of membership data for various purposes
6. Monitor status of membership form submission from private and government employers
7. Performs other related tasks as may be assigned

**SET 3 : COLLECTION/ACCOUNTS MANAGEMENT**

1. Assist in the preparation and maintenance of various account status reports and the like
2. Assist in verification and confirmation of employer remittances based on available information in accounts database, recently received employer reports and other collection data
3. Prepare draft of penalty charge for late remittances
4. Assist in preparation of reply to inquiries and complaints regarding contributions data
5. Assist in monitoring of status of contributions submission from members/employers/sponsors
6. Verify the correctness of billing statements to sponsors/members
7. Performs other related tasks as may be assigned

**SET 4 : CLAIMS PROCESSING**

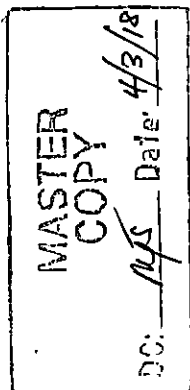
1. Compute the amount of compensable claims based on medical evaluation done and existing policies on payment of claims
2. Indicate total amount of benefits to be paid and forward claims to encoder for recording of computed claims
3. Review as to eligibility and completeness of various claims documents attached
4. Assist in handling simple to moderately complex queries, clarifications, follow-ups from health care providers/professionals

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 By: MJS

5. Performs other related tasks as may be assigned

**SET 5 : ACCREDITATION AND QUALITY ASSURANCE**

1. Assist in receiving, evaluating and processing of application for initial accreditation, renewal of accreditation and re-accreditation of Professional Health Care Professionals
2. Coordinate with accredited health care providers concern the submission of MMHR
3. Assist in recording and processing of data in the Monthly Mandatory Hospital Report and Out-Patient Benefit Report
4. Monitor status of submission of accreditation requirements from Health Care Providers
5. Maintain record of received applications for accreditation, schedule of surveys, and status of applications for ready reference
6. Ensure that all policies and guidelines affecting Health Care Providers are disseminated to all concerned parties on time
7. Prepare simple to moderately complex correspondence, presentation materials and other documents as may be required by the higher Officer
8. Assist in preparation of accreditation reports, pre-accreditation surveys, monitoring, and related activities
9. Recommend issues for resolution at the Accreditation Committee level for review of the Accreditation Team Leader
10. Record incoming and outgoing documents of the Division
11. Performs other related tasks as may be assigned



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DR. CELESTINA MA. JUDE P. DE LA SERNA  
(Head of Agency)

Date: \_\_\_\_\_

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Attorney IV	25-04-0008	23	65,604.00	Bachelor of Laws	8 Hours of Relevant Training	2 Years Relevant Experience	RA 1080		PhilHealth Regional Office IVA
2	Chief Social Insurance Officer	48-06-0021	22	58,717.00	Bachelors Degree Relevant to the Job	24 Hours of Relevant Training	4 Years Relevant Experience	CS Professional/ Second Level Eligibility		PhilHealth Regional Office IVA
3	Fiscal Controller III	32-03-0027	18	38,085.00	Bachelors Degree Relevant to the Job	8 Hours of Relevant Training	2 Years Relevant Experience	CS Professional/ Second Level Eligibility		PhilHealth Regional Office IVA

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than \_\_\_\_\_

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2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

ALBERTO C. MANDURIAO  
Regional Vice-President  
Lucena Grand Central Terminal, Brgy. Ilayang Dupay,  
Lucena City  
[hr.pro4a@philhealth.gov.ph](mailto:hr.pro4a@philhealth.gov.ph)

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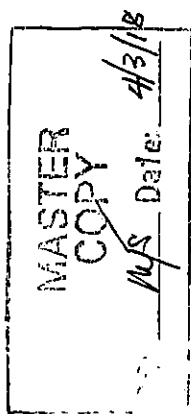
**JOB TITLE** : **ATTORNEY IV**  
**OFFICE** : Legal Office-PRO  
**SALARY GRADE** : 23

**JOB SUMMARY:**

Under general supervision, the Attorney IV shall provide legal support to the Assistant Vice President in all transactions and activities engaged in by the PRO.

**JOB DESCRIPTION:**

1. Provides legal advice on all official transactions to be entered into by the PRO;
2. Prepares/reviews legal documents and contracts to be entered into by the PRO for endorsement to the Legal Services Group;
3. Conducts fact-finding activities on all cases filed for action of the unit
4. Ensures completeness of documents and attachments to all cases acted upon prior to endorsement to the Central Office;
5. Consults with the Central Office Legal Officers/Lawyers regarding matters confronting the PRO;
6. Prepares indicative plan of the unit in coordination with Legal Services Group, subject to approval by the PRO Head;
7. Monitors the status of all cases/documents filed for legal action and ensure speedy processing of the same base on the indicative plan of the unit;
8. Perform other related tasks as may be assigned.



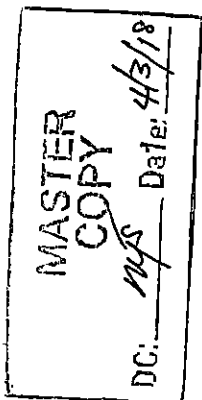
**JOB TITLE** : **CHIEF SOCIAL INSURANCE OFFICER**  
**OFFICE** : **COLLECTION SECTION-Branch Office**  
**SALARY GRADE** : **22**

**JOB SUMMARY:**

Under general supervision, the Chief Social Insurance Officer shall be responsible for the supervision of program implementation in membership management and/or collection/contribution management.

**JOB DESCRIPTION:**

1. Supervises the administration of any of the following NHIP functions/Areas:
  - Membership Management
  - Collection/Contribution Management
  - NHIP Service Office Operations
2. Provide inputs to the short and long range operational objectives, strategies, action plans, and annual budgets of the division
3. Assist in the preparation of indicative plans and operational/accomplishment report of the division
4. Assist the Division Head in monitoring the performance of the unit, review its work processes and recommend change/s to improve and optimize its performance, subject to approval by the Division Head and the PRO-Head
5. Assist in the training/skills development of lower level staff of the unit.
6. Ensure coordination and harmonious working relations between the division and other units of the PRO
7. Prepare simple to highly complex correspondence, presentation materials and other documents as may be required by the higher Officer
8. Performs other related tasks as may be assigned



**JOB TITLE** : **FISCAL CONTROLLER III**  
**OFFICE** : **Cashiering Unit-PRO**  
**SALARY GRADE** : **18**

**JOB SUMMARY:**

Under general supervision, the Fiscal Controller III shall perform responsible jobs in preparation of accounting- related reports, budgeting and fund disbursement.

**JOB DESCRIPTION:**

1. Fiscal Controller may be assigned to perform any of the following finance-related jobs:

**A. ACCOUNTING**

- Systematic recording of all financial transactions, up-to-date and accurate keeping/maintenance of books of original entry, general/subsidiary ledgers and other auxiliary records of the PRO, preparation and consolidation of financial statements and financial reports.
- Review of accounting documents, financial statements, and reports of the PRO prior to submission to the concerned office
- Assist in the examination and evaluation of the internal system of the PRO

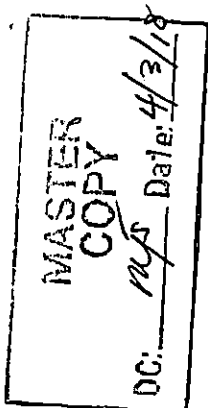
**B. BUDGETTING**

- Review and consolidate budget proposals of various PRO Divisions/Units and Service Offices in coordination with the Planning Officer of the PRO
- Consolidate and recommend the approval of the budget proposals to the PRO Head
- Prepare request for allotment of the PRO for submission to Central Office-Finance Department
- Assist in the review and preparation of the annual work and financial plan of the PRO
- Monitor fund disbursement of the PRO to ensure that these are within the approved allotment and make necessary adjustments whenever necessary

**C. CASHIERING**

- Review periodic reports of fund disbursements and collections
- Ensure accurate and timely deposit of collections in the authorized depository bank and submits proof of deposit to the Accountant in charge
- Ensure accurate and timely preparation of checks in accordance with the signed vouchers

2. Provide inputs to the short and long range operational objectives, strategies, action plans, and annual budgets of the division
3. Assist in the preparation of indicative plans and operational/accomplishment report of the division
4. Ensure coordination and harmonious working relations between the division and other units of the PRO
5. Prepare simple to highly complex correspondence, presentation materials and other documents as may be required by the higher Officer
6. Performs other task that may be assigned





Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Request for Publication of Vacant Positions

To: CIVIL SERVICE COMMISSION (CSC)

This is to request the publication of the following vacant positions of PHILIPPINE HEALTH INSURANCE CORPORATION in the CSC website:

DR. CELESTINA MA. JUDE P. DE LA SERNA  
(Head of Agency)

Date:

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Medical Specialist IV	41-03-0018	24	73,299.00	Doctor of Medicine	8 hours relevant training	2 years relevant experience	RA 1080		PhilHealth Regional Office VII
2	Social Insurance Officer II	48-02-0087	13	24,224.00	Bachelor's Degree relevant to the job	None Required	None Required	CS Professional / Second Level Eligibility		PhilHealth Regional Office VII
3	Planning Assistant I	52-01-0009	8	16,282.00	Completion of 2 years studies in college	4 hours relevant training	1 year relevant experience	CS Sub-Professional / First Level Eligibility		PhilHealth Regional Office VII

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than \_\_\_\_\_.

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2. Performance rating in the present position for one (1) year (if applicable);
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4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

WILLIAM O. CHAVEZ  
Regional Vice President  
PhilHealth Regional Office VII, Golden Peak Hotel &  
Suites Gorordo Avenue corner Escario Street, Cebu  
[wochavez@philhealth.gov.ph](mailto:wochavez@philhealth.gov.ph)

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

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**JOB TITLE** : **MEDICAL SPECIALIST IV**  
**OFFICE** : **Benefit Administration Section-PRO**  
**SALARY GRADE** : **24**

**JOB SUMMARY:**

Under general supervision, the Medical Specialist IV shall be responsible for ensuring the proper implementation of accreditation and quality assurance program or the benefit administration program in the PRO.

**JOB DESCRIPTION:**

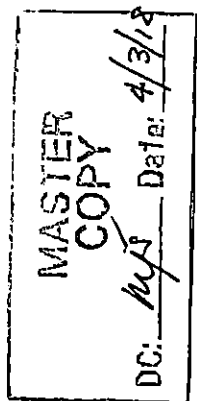
1. The Medical Specialist may be assigned to any of the following functions:

**SET 1: ACCREDITATION AND QUALITY ASSURANCE FUNCTION**

- Spearheads the assessment of existing accreditation and quality assurance systems, policies, and guidelines to serve as inputs for its revision/improvement
- Participates in dialogue with Institutional Health care Providers to discuss about issues and concerns pertaining to claims processing, accreditation and quality assurance and other NHIP matters.
- Assists in the rendition of appropriate technical advice to health care providers : re: how to improve the quality of service to patients
- Recommend appropriate action to critical issues and concerns pertaining health care delivery management

**SET 2: BENEFIT ADMINISTRATION**

- Ensures accurate processing of benefit payment
  - Respond to queries/complaints relative to claims processing procedures
2. Prepare inputs to short and long range operational objectives, strategies, action plans, and annual budget of the division
  3. Regularly monitor the performance of the division against plans/target, determine performance gaps, and take appropriate courses of action to ensure prompt and proper solution to lessen/eliminate these gaps
  4. Continuously review the work processes of the division and recommend change/s to improve and optimize its performance
  5. Recommend and/or take appropriate actions to continuously develop knowledge, skills, and abilities of the human resource
  6. Assist in establishing linkages with external agencies performing functions necessary for the efficient and effective management of health care delivery plans and programs
  7. Performs other related tasks as may be assigned.



**JOB TITLE** : **SOCIAL INSURANCE OFFICER II**  
**OFFICE** : **Member Management Team-PRO**  
**SALARY GRADE** : **13**

**JOB SUMMARY:**

Under general supervision, the Social Insurance Officer II shall be responsible for providing services in any of the following areas: a) marketing/advocacy to or collection management of small-sized organized groups/private and government agencies; b) benefit payment computation; and member data management.

**JOB DESCRIPTION:**

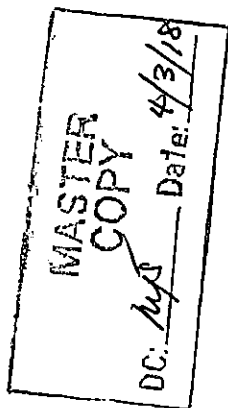
1. Accountable to any of the following set of activities/tasks depending on what Division he/she will be assigned:

**SET 1: MARKETING AND MEMBERSHIP**

1. Assists in groundwork/gathering and analysis of various market data/information needed in marketing program
2. Perform marketing/advocacy-related tasks to target organized groups and individuals, from the information education campaign to enrollment stage
3. Conduct presentation of the National Health Insurance Program to potential donors/Sponsors including but not limited to the Organized Groups and Private/Government Agencies belonging to small scale/small size category
4. Conduct orientation and re-orientation on NHIP to various stakeholders including the private and government sector members
5. Attend to telephone and walk-in queries and complaints of members and other stakeholders of the NHI Program
6. Prepare reply to letter of inquiry and complaints from members and various stakeholders of the NHI Program
7. Assist in the preparation of a comprehensive marketing-related reports and information for ready reference of PRO Officers and Staff, which may include the following:
  - Status of membership coverage by sector vs. set target
  - Trends and history of membership drop-outs and its causes
  - Table of marketing strategies implemented and its impact on membership enrollment
8. Performs other related tasks as may be assigned

**SET 2: MEMBER DATA MANAGEMENT**

1. Conduct regular scanning the membership database for double entry and other irregularities



2. Prepare and maintain a periodic report on the status of membership database updating/maintenance for ready reference of PRO Officers and Staff
3. Monitor all issues and concerns regarding membership data and recommend and/or take appropriate action to manage them
4. Recommend actions to correct and control data irregularities
5. Coordinate with/prepare letters to private and government employers with identified deficiency in submitted membership forms and/or required attachments to it
6. Prepare reply to inquiries and complaints regarding membership data
7. Prepare various reports, presentation materials, correspondence and other documents as may be required by the higher Officer
8. Performs other related tasks as may be assigned

**SET 3: COLLECTION**

The same as that of the task and activities of the SIO III (SG 15). The only difference is that the SIO III has higher performance target in terms of quantity and level of clients being served.

**SET 4 : ACCREDITATION AND QUALITY ASSURANCE**

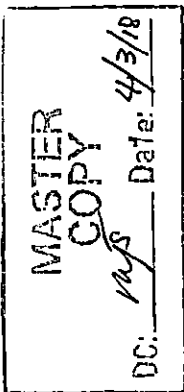
1. Receive, evaluate and process application for initial accreditation, renewal of accreditation and re-accreditation of Professional Health Care Professionals
2. Assist in recording, processing and analysis of data in the Monthly Mandatory Hospital Report and Out-Patient Benefit Report
3. Assist in coordinating with the Management of Institutional Health Care Providers as regards lacking accreditation requirements, schedule of accreditation survey, status of application, etc.
4. Record, process, analyze and evaluate data in Monthly Mandatory Hospital Reports and Out-Patient Benefit Report and the like

**SET 5 : CLAIMS PROCESSING ( Initial verification and adjudication))**

1. Compute the amount of compensable claims based on medical evaluation done and existing policies on payment of claims (ex. Hospital category)
2. Indicate total amount of benefits to be paid and forward claims to encoder
3. Verifies member/dependent eligibility based on document submitted, existing databases and other valid sources
4. Checks completeness of information in claims forms 1 & 2 ( if duly filled-up)
5. Indicate deficiencies or lacking documents in claims document, if there is any
6. Verify accuracy/authenticity of information in PhilHealth Claim Forms based on existing database or other valid sources
7. Validate the beneficiaries and providers' eligibility to avail claimed benefits
8. Examine/check completeness of documentary requirements in the claim application before forwarding to the next stage
9. Check the number of received encoded claims and verify the accuracy of encoded information in the list of claims received.

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10. Reviews data encoded in route slip
11. Forwards claims to validation encoders for posting of benefits and deficiencies
12. Check category of physician and indicate if D1, D2, D3 or D4
13. Indicate payee (hospital, doctor or member)
14. Considers for inclusion in the computation of benefits other items (drugs/meds/supplies) with or bought outside of hospital used during the confinements
15. Performs other related tasks as may be assigned



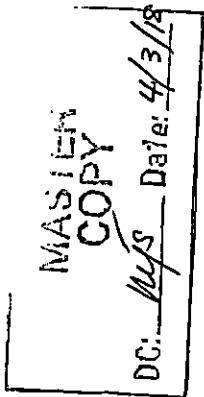
**JOB TITLE** : **PLANNING ASSISTANT I**  
**OFFICE** : **Planning Unit-PRO**  
**SALARY GRADE** : **8**

**JOB SUMMARY :**

Under general supervision, the Planning Assistant I provides administrative assistance in the formulation of regional plans in accordance with the overall Corporate Plan.

**JOB DESCRIPTION :**

1. Attends to all administrative concerns of the Unit;
2. Assists in data-gathering during the conduct of researches and surveys;
3. Provides assistance in documenting the discussions, especially agreements, made during meetings of the Planning Unit;
4. Updates database and records of the Unit for easy reference;
5. Maintains files of the Unit for easy retrieval of documents when needed, and
6. Performs related tasks assigned by the Planning Officer III from time to time.



Republic of the Philippines  
PHILIPPINE HEALTH INSURANCE CORPORATION  
Request for Publication of Vacant Positions

To: CIVIL SERVICE COMMISSION (CSC)

This is to request the publication of the following vacant positions of PHILIPPINE HEALTH INSURANCE CORPORATION in the CSC website:

DR. CELESTINA MA. JUDE P. DE LA SERNA  
(Head of Agency)

Date: \_\_\_\_\_

No.	Position Title	Plantilla Item No.	Salary/ Job/ Pay Grade	Monthly Salary	Qualification Standards					Place of Assignment
					Education	Training	Experience	Eligibility	Competency (if applicable)	
1	Social Insurance Assistant I	51-01-0198	8	16,282.00	Completion of two years studies in college	4 hours of relevant training	1 year of relevant experience	Career Service (Subprofessional) 1st Level Eligibility		PhilHealth Regional Office VIII
2	Social Insurance Assistant I	51-01-0203	8	16,282.00	Completion of two years studies in college	4 hours of relevant training	1 year of relevant experience	Career Service (Subprofessional) 1st Level Eligibility		PhilHealth Regional Office VIII
3	Social Insurance Officer I	48-01-0189	11	20,179.00	Bachelor's degree relevant to the job	None required	None required	Career Service (Professional) Second Level Eligibility		PhilHealth Regional Office VIII
4	Social Insurance Officer I	48-01-0190	11	20,179.00	Bachelor's degree relevant to the job	None required	None required	Career Service (Professional) Second Level Eligibility		PhilHealth Regional Office VIII

Interested and qualified applicants should signify their interest in writing. Attach the following documents to the application letter and send to the address below not later than \_\_\_\_\_.

1. Fully accomplished Personal Data Sheet (PDS) with recent passport-sized picture (CS Form No. 212, Revised 2017) which can be downloaded at [www.csc.gov.ph](http://www.csc.gov.ph);
2. Performance rating in the present position for one (1) year (if applicable);
3. Photocopy of certificate of eligibility/rating/license; and
4. Photocopy of Transcript of Records.

QUALIFIED APPLICANTS are advised to hand in or send through courier/email their application to:

RENATO L. LIMSIACO, JR.  
Regional Vice-President  
Philippine Regional Office VIII P. Burgos St. Tacloban  
City  
hr.pro8@philhealth.gov.ph

APPLICATIONS WITH INCOMPLETE DOCUMENTS SHALL NOT BE ENTERTAINED.

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DC: MJS Date: 4/3/18

**JOB TITLE** : **SOCIAL INSURANCE ASSISTANT I**  
**OFFICE** : **MEMBER MANAGEMENT TEAM-PRO**  
**SALARY GRADE** : **8**

**JOB SUMMARY:**

Under general supervision, the Social Insurance Assistant I shall provide services in the receiving/screening of membership forms, receiving and screening of claims and distribution of IEC materials.

**JOB DESCRIPTION:**

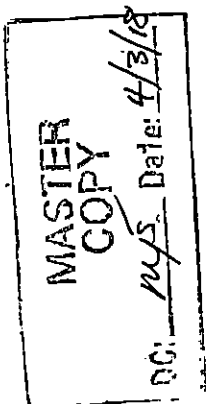
1. Responsible for any of the following set of activities/tasks depending on what Division/ Section he/she will be assigned:

**SET 1: BENEFIT ADMINISTRATION**

1. Receives claims form members and providers and counter-check with transmittal list provided/submitted
2. Check completeness of the data declared in PhilHealth Claim Forms and the required supporting documents attached to it
3. Indicate deficiencies or lacking documents in claims documents, if there is any
4. Verify accuracy/authenticity of information in PhilHealth Claim Forms based on existing database or other valid sources
5. Validate the beneficiaries and providers' eligibility to avail claims
6. Ensure completeness of documentary requirements in the claims applications before forwarding to the next processing stage
7. Check the number of encoded claims and verify the accuracy of encoded information in the List of Claims Received
8. Performs other related tasks as may be assigned

**SET 2: SERVICE OFFICE – MEMBER MANAGEMENT TEAM**

1. Assist in the distribution of various IEC materials and membership forms to target members during campaign periods
2. Assist in the screening of accomplished membership forms and issuance of PhilHealth Number/Identification Cards
3. Screen membership application form to ensure completeness of data
4. Verify/validate information declared in the membership application form
5. Review member information encoded in the database to ensure correctness
6. Ensure that PhilHealth Number/Identification Cards are prepared properly and attached to the right membership information sheet
7. Assist in the preparation of reply to inquiries and complaints regarding membership data
8. Performs other related tasks as maybe assigned





**JOB TITLE** : **SOCIAL INSURANCE OFFICER I**  
**OFFICE** : Member Mgt. Team-Branch Office  
**SALARY GRADE** : 11

**JOB SUMMARY:**

Under general supervision, the Social Insurance Officer I shall provide assistance in any of the following areas: a) marketing/advocacy; b) screening and validation of membership application/amendment forms; c) monitoring of accounts of small to medium sized agencies; d) computation of benefit (performance standards less than SIO II); and e) accreditation of health care professionals and health care providers (less problematic case).

**JOB DESCRIPTION:**

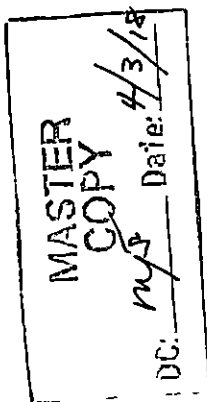
1. Accountable to any of the following set of activities/tasks depending on what Division he/she will be assigned:

**SET 1: MARKETING AND MEMBERSHIP**

1. Coordinate with various offices/agencies as regards program presentation or conduct of researches and interviews
2. Assist in ground working/gathering and analysis of various market data/information needed in marketing the program
3. Perform marketing/advocacy-related tasks to target organized groups and individuals, from the information education campaign to enrollment stage
4. Assist in the presentation of the National Health Insurance Program to potential donors/Sponsors including but not limited to the Organized Groups and Private/Government Agencies
5. Assist in the conduct orientation and re-orientation on NHIP to various stakeholders including the private and government sector members
6. Attend to telephone and walk-in queries and complaints of members and other stakeholders of the NHI Program
7. Issue PhilHealth Number and Identification Cards
8. Conduct initial screening of membership applications received during the marketing operation, then forward the same to the unit in-charge of membership data management
9. Performs other related tasks as may be assigned

**SET 2: MEMBER DATA MANAGEMENT**

1. Review membership information sheet against the membership application form as well as the screening and validation done by the data controllers



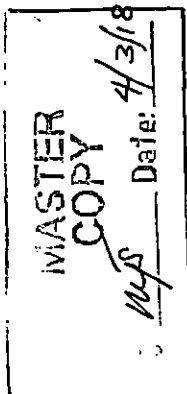
2. Evaluate requests for updating of membership data and effect change/s if found to be valid
3. Edit/amend membership data as authorized by the supervisor/authorized officer and prepare report of changes made
4. Assist in the preparation of reply to inquiries and complaints regarding membership data
5. Attend to request for retrieval/viewing of membership data for various purposes
6. Monitor status of membership form submission from private and government employers
7. Performs other related tasks as may be assigned

**SET 3 : COLLECTION/ACCOUNTS MANAGEMENT**

1. Assist in the preparation and maintenance of various account status reports and the like
2. Assist in verification and confirmation of employer remittances based on available information in accounts database, recently received employer reports and other collection data
3. Prepare draft of penalty charge for late remittances
4. Assist in preparation of reply to inquiries and complaints regarding contributions data
5. Assist in monitoring of status of contributions submission from members/employers/sponsors
6. Verify the correctness of billing statements to sponsors/members
7. Performs other related tasks as may be assigned

**SET 4 : CLAIMS PROCESSING**

1. Compute the amount of compensable claims based on medical evaluation done and existing policies on payment of claims
2. Indicate total amount of benefits to be paid and forward claims to encoder for recording of computed claims
3. Review as to eligibility and completeness of various claims documents attached
4. Assist in handling simple to moderately complex queries, clarifications, follow-ups from health care providers/professionals



5. Performs other related tasks as may be assigned

**SET 5 : ACCREDITATION AND QUALITY ASSURANCE**

1. Assist in receiving, evaluating and processing of application for initial accreditation, renewal of accreditation and re-accreditation of Professional Health Care Professionals
2. Coordinate with accredited health care providers concern the submission of MMHR
3. Assist in recording and processing of data in the Monthly Mandatory Hospital Report and Out-Patient Benefit Report
4. Monitor status of submission of accreditation requirements from Health Care Providers
5. Maintain record of received applications for accreditation, schedule of surveys, and status of applications for ready reference
6. Ensure that all policies and guidelines affecting Health Care Providers are disseminated to all concerned parties on time
7. Prepare simple to moderately complex correspondence, presentation materials and other documents as may be required by the higher Officer
8. Assist in preparation of accreditation reports, pre-accreditation surveys, monitoring, and related activities
9. Recommend issues for resolution at the Accreditation Committee level for review of the Accreditation Team Leader
10. Record incoming and outgoing documents of the Division
11. Performs other related tasks as may be assigned

