PhilHealth Advisory

No. 2016-0041

1st AND 2nd QUARTER 2016 PER FAMILY PAYMENT REIMBURSEMENT (PFPR) FOR PCB1 PROVIDERS WITH SLOW AND/OR NO INTERNET CONNECTIVITY

All manual reports covering 1st and 2nd quarter 2016 submitted by PCB1 providers who are experiencing slow and/ or no internet connectivity as verified by the PRO-IT shall be processed, following the guidelines stated in PhilHealth Circular No. 0010, s. 2012.

In addition, the concerned PCB1 provider shall be required to submit a transmittal list of the 1st and 2nd quarter enlisted and profiled members and dependents in Excel Format (see template below). The transmittal list must be submitted on or before the end of the 3rd quarter otherwise, their PFPR for the 3rd and 4th quarter shall not be processed.

For the 3rd and 4th quarter 2016, all concerned PCB1 providers shall be required to submit their reports through any of the certified EMR provider, hence, manual reports submitted for these quarters shall no longer be processed.

All PCB1 Providers already using the U-PCM or EMR are advised to continue encoding the enlistment and profiling of members and dependents as stated in PhilHealth Circular No. 2016-0013. All encoded data are currently being tracked for payment.

Please see attached Annex A: Template and Example of the said transmittal list in Excel format.

For any questions/ clarifications, you may contact the PCB Team at telephone number (02) 441-7444 local 7575 or email address: pcb-philhealth@googlegroups.com

RAMON F. ARISTOZA, JR.
OIC-President and CEO
EVP and COO

PhilHealth Advisory

PhilHealth
Your Partner in Health

Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SEGURADO

Annex A: Template and Example

TRANSMITTAL LIST

Date: _____

Name of PCB Provider: _____
RHU Accreditation Number: _____
Applicable Quarter: _____

Column A	*Column B*	*Column C*	*Column D*	*Column E*	*Column F*	*Column G*	*Column H*	*Column I*	*Column J*
MEMBER PIN	**LAST NAME**	**FIRST NAME**	**MIDDLE NAME**	**SUFFIX NAME**	**DATE OF BIRTH (mm/dd/yyyy)**	**SEX (M-male / F-female)**	**CATEGORY (M-member / D-dependent)**	**DATE ENLISTED (mm/dd/yyyy)**	**DATE PROFILED (mm/dd/yyyy)**
123456789012	Dela Cruz	Juan	Selorio	Jr.	05/27/1960	M	M	03/15/2016	03/15/2016
123456789012	Dela Cruz	Maria	Tan		06/08/1990	F	D	03/15/2016	03/15/2016
123456789012	Dela Cruz	Joselito	Tan		02/15/1995	M	D	03/15/2016	03/15/2016
150987654321	Chua	Anthony		Sr.	01/07/1987	M	M	04/20/2016	04/20/2016
150987654321	Chua	Josefina	Davide		04/20/1984	F	D	04/20/2016	04/20/2016

Prepared By: _____

Approved By: _____