

PhilHealth and the Group  
 Case Rates - fixed rate or any  
 PhilHealth will reimburse for  
 specific illness/case.  
 Rates Code - code assigned

## PhilHealth Corporate Data Dictionary

TERM	DEFINITION	SOURCE	DATE APPROVED
<b>Accredited Collecting Agent (ACA)</b>	any person, natural, juridical, accredited by the Corporation to receive, account and remit premium contributions of members.	IRR of the NHI 2013 (Section 3)	2013-06-19
<b>Accumulated Revenues</b>	the amount of accumulated net income from years of operation.	O.O. No. 145 s-2012	2012-09-27
<b>Active Member</b>	a registered member who has qualifying contributions and with sufficient regularity of payment and is entitled to avail of benefits as prescribed by the Corporation.	P.C. No. 2017-0007	2017-01-25
<b>Adjustment</b>	refers to correction in the application of the remitted premium payment/s to the appropriate coverage, in accordance to the Premium Contribution Schedule per membership category as prescribed by PhilHealth.	O.O. No. 48 s-2008	2008-07-08
<b>Advance Payment</b>	premium payments made in advance for the succeeding quarter, semester or year.	O.O. No. 48 s-2008	2008-07-08
<b>Advanced Participation</b>	a higher level of participation granted by PhilHealth to HCLs already engaged for basic participation that are able to comply with all the requirements set by PhilHealth and pass the mandatory survey for Advanced Participation.	IRR of the NHI 2013 (Section 54)	2013-06-19
<b>Adverse Monitoring Findings</b>	performance deviations of health care providers from PhilHealth policies and treatment protocols which may result to abuse or compromising the National Health Insurance Program (NHIP). These are identified during conduct of any of the monitoring activities prescribed by the Corporation.	P.C. No. 2016-0026	2016-08-12
<b>Affiliation</b>	is a process by which a health care institution accepts a health care professional as part of their health human resource and in so doing provides the health care professional practice privileges in their health care institution.	P.C. No. 10 s-2014	2014-03-27
<b>AFP Finance Center</b>	the office of the AFP tasked to execute payment of pensioners.	O.O. No. 0088 s-2012	2012-07-06
<b>Annual</b>	100% of the total annual premium contributions of its enrollees which shall be paid on or before the last working day of the quarter prior to the applicable calendar year.	P.C. No. 44 s-2012	2012-08-29
<b>Applicable Period</b>	time specified where payment is applied such as month, quarter, semester or year.	O.O. No. 99 s-2012	2012-08-29
<b>Authority to Deduct (ATD) PhilHealth Premium</b>	a form to be accomplished by the pensioner signifying his/her interest to join the program, which shall serve as proof of consent/authorization for the deduction of monthly PhilHealth premiums. Payment options are indicated therein.	O.O. No. 0088 s-2012	2012-07-06
<b>Automatic Accreditation</b>	is the accreditation route of health care institutions that are licensed or certified by Department of Health (DOH) or other certifying body duly recognized by the Philippine Health Insurance Corporation (PhilHealth) and has the opportunity to be accredited through basic participation with the Program. These institutions do not require Pre-Accreditation Survey (PAS). Automatic accreditation is likewise applicable to professional health care providers subject to compliance of requirements as determined by the Corporation.	IRR of the NHI 2013 (Section 3)	2013-06-19
<b>Band Class</b>	the premium incentive level based on the actual number of enrollees.	O.O. No. 99 s-2012	2012-08-29

<b>Basic Participation</b>	is the minimum level of participation granted by PhilHealth to all HCIs that comply with all the requirements including the performance commitment (e.g. license or certificate, as applicable) and pass the accreditation survey, when applicable. Health care institutions shall be granted continuous basic participation with PhilHealth until withdrawn based on the rules set by the Corporation.	IRR of the NHI 2013 (Section 54)	2013-06-19
<b>Bed Occupancy Rate (BOR)</b>	percentage of authorized beds occupied by hospital inpatient over a period of time.	P.C. No. 31 s-2014	2014-11-21
<b>Bed Turn-Over Rate</b>	the mean number of patients " passing through" each bed during each period. Indicates the use of available beds.	P.C. No. 31 s-2014	2014-11-21
<b>Benefit package under the Fee-for-Service Payment</b>	this includes subsidies for room and board, drugs and medicines, laboratory exam, use of operating room complex and professional fees for confinements of not less than 24 hours. The prescribed rates are the maximum allowances or ceilings to be applied per single period of confinement and not to exceed 45 days for each calendar year.	P.C. No. 44 s-2012	2012-08-29
<b>Benefit Schedule</b>	a complete listing of medical conditions, and procedures with corresponding rates that are reimbursed by PhilHealth.	P.C. No. 35 s-2013	2013-11-15
<b>Billing Batch</b>	refers to a set of eGroup batches that have been confirmed and ready for billing by the organized group.	O.O. No. 0049 s-2011	2011-06-25
<b>Billing Cycle</b>	the period of time between billing statements that starts on the 1st day of the applicable period and ends on the payment deadline based on the agreed mode of payment between PhilHealth and the iGroup Partner.	O.O. No. 0099 s-2012	2012-08-29
<b>Case Rate</b>	fixed rate or amount that PhilHealth will reimburse for a specific illness/case.	P.C. No. 35 s-2013	2013-11-15
<b>Case Rate Code</b>	code developed by the Corporation assigned to groups of medical conditions, and individual procedures.	P.C. No. 35 s-2013	2013-11-15
<b>Case Type Z Benefit Packages</b>	any illness as a primary condition that is life or limb-threatening and requires prolonged hospitalization, extremely expensive therapies or other care that would deplete one's financial resources, unless covered by special health insurance policies.	P.C. No.14 s-2015	2015-06-15
<b>Case-based Payment</b>	payment method that reimburses to health care providers a predetermined fixed rate for each treated case or disease; also called per case payment.	P.C. No.0031 s-2013	2013-10-29
<b>Certificate of Eligibility to Participate (CEP)</b>	a certificate issued to an institutional health care provider which has fully complied with the requirements for Basic Participation set by PhilHealth.	P.C. No.54 s-2012	2012-10-25
<b>Certificate of Registration (CoR)</b>	is a document issued to the employer-member as proof of their compliance with the registration requirements as provided under Section 16, Rule III of the Revised Implementing Rules and Regulations of RA No. 7875, which states that "All government and private employers including branches, regional offices and other sub-units that deduct premium contribution of their respective employers and subsequent remit the same together with the employer counterpart to PhilHealth are required to register with the Corporation and each shall be issued a permanent PhilHealth Employer Number (PEN).	O.O. No.0132 s-2004	2004-11-16
<b>Certification</b>	the process that assures the general public and payers of health cares services that the health facility can deliver safe and effective services to patient. Certification is required for automatic accreditation of institutional health care providers.	P.C. No. 54 s-2012	2012-10-25
<b>Chart Review</b>	a process of examining a medical record to determine the patient's information related but not limited to diagnosis, medical management, ICD-10 codes, etc.	P.C. No.31 s-2014	2014-11-21

<b>Citizens of other countries working and/or residing in the Philippines</b>	foreign citizens with valid working permits and/or Aliens Certificate of Registrations (ACRs) working and/or residing in the Philippines.	IRR of the NHI 2013 (Title III Section 5 b.4)	2013-06-19
<b>Claims for Non-Admitted or Non-Treated Patients</b>	"this is committed by any health care; institution who, for the purpose of claiming payment from the Program, files a claim for a nonadmitted or non-treated patient by: a. Making it appear that the patient was actually confined or treated in the health care institution; b. Using such other machinations that would result in claims for non-admitted or non-treated patient."	P.C. No. 31 s-2014	2014-11-21
<b>Claims/services review and profiling</b>	a process of reviewing filed claims retrieved from claims database, to establish the trends and to profile claims per HCP based on identified parameters such as volume per illness, length of hospital stay, and referrals among others.	P.C. No. 31 s-2014	2014-11-21
<b>Clinical Practice Guidelines (CPG)</b>	systematically developed statements based on best evidence, intended to assist practitioners in making decisions about appropriate management of specific conditions or diseases.	P.C. No. 31 s-2014	2014-11-21
<b>Code substitution</b>	claiming for unrelated illness or procedure with higher benefit payment in lieu of actual illness or procedure.	P.C. No. 31 s-2014	2014-11-21
<b>Compensable Drugs</b>	drugs that shall be paid for by the Corporation. These are limited to drugs/medicines prescribed by the Tsekap provider for conditions covered by the Tsekap package.	P.C. No. 002-2015	2015-02-17
<b>Completed treatment (for Animal Bite Package)</b>	Refers to a case of animal bite that has received Day 0, Day 3, and Day 7 of the anti-rabies treatment course.	P.C. No.15 s-2012	2012-04-17
<b>Complication</b>	a disease that appears during episode of care, due to pre-existing condition or arising as a result of the care received by the patient (source: ICD-10 book).	P.C. No. 31 s-2014	2014-11-21
<b>Complication Rate</b>	number of claims with complicated cases per condition / Total number of claims per condition (conditions are limited to those indicated in No.5 of Annex A of PC 31 s 2014).	P.C. No. 31 s-2014	2014-11-21
<b>Continuous Accreditation</b>	given to accredited health care providers under basic participation provided that they comply with the requirements annually as prescribed by the Corporation. Continuous accreditation provides them uninterrupted participation to the Program but this privilege may be withdrawn at any time based on rules set by the Corporation.	P.C. No.10 s-2014	2014-03-27
<b>Continuous Participation</b>	means uninterrupted engagement of IHCPs with PhilHealth until such engagement is withdrawn or terminated based on the rules set by PhilHealth.	P.C. No. 54 s-2012	2012-10-25
<b>Contracted Health Care Institution</b>	any accredited health care institution that enters into a contract with PhilHealth for specialized care.	P.C. No.14 s-2015	2015-06-15
<b>Contracted Hospital</b>	any PhilHealth accredited level 3 or 4 hospital that enters into a contract for specialized care with PhilHealth.	P.C. No. 29 s-2012	2012-06-14
<b>Contracting</b>	a purchasing mechanism used to acquire a specified service, of a defined quantity and quality, at an agreed-on-price, from a specific provider, for a specified period. Contracting is an ongoing relationship supported by a contractual agreement.	P.C. No.14 s-2015	2015-06-15
<b>Coverage</b>	the entitlement of an individual, as a member, or as a qualified dependent, to the benefits of the National Health Insurance Program.	IRR of the NHI 2013 (Section 3)	2013-06-19
<b>Current Year's Expenditures (CYE)</b>	the total outflows for the year that is equivalent to the total amount of expenses for maintenance and other operating expenses, personal services, benefit payments, including all accruals of expenses recorded for the applicable year.	O.O. No. 145 s-2012	2012-09-27
<b>Current Year's Revenues (CYR)</b>	the total inflows from premium contributions, investment income and other income including all accruals of revenue recorded for the applicable year.	O.O. No. 145 s-2012	2012-09-27

<b>Delinquent Employers</b>	employers who have missed payment of their monthly contributions in behalf of all its employees for at least one (1) month within a period of six (6) months.	P.C. No. 003-2015	2015-02-27
<b>Dependent</b>	<p>“the legal dependents of a member who are the:</p> <ol style="list-style-type: none"> <li>1. Legitimate spouse who is not a member;</li> <li>2. Unmarried and unemployed legitimate, legitimated, acknowledged, illegitimate children and legally adopted or stepchildren below twenty-one (21) years of age;</li> <li>3. Children who are twenty-one (21) years old or above but suffering from congenital disability, either physical or mental, or any disability acquired that renders them totally dependent on the member for support, as determined by the Corporation;</li> <li>4. Foster child as defined in Republic Act 10165 otherwise known as the Foster Care Act of 2012 ;</li> <li>5. Parents who are sixty (60) years old or above, not otherwise an enrolled member, whose monthly income is below an amount to be determined by the Corporation in accordance with the guiding principles set forth in the Act; and</li> <li>6. Parents with permanent disability regardless of age as determined by the Corporation, that renders them totally dependent on the member for subsistence.”</li> </ol>	IRR of the NHI 2013 (Section 3)	2013-06-19
<b>DOH Assessment Tool for Licensure of Hospitals</b>	the checklist which prescribes the minimum standards and requirements for hospital licensure. It is the tool used by regulatory officers of DOH to evaluate compliance of a hospital to DOH standards and technical requirements for safety. This is the survey tool for hospitals which integrated the fifty one (51) PhilHealth Benchbook Core Indicators into the licensing requirements of DOH.	P.C. No. 13 s-2012	2012-04-11
<b>DOH Complete Treatment Pack program</b>	a medicines access program designed to reach the poorest of the poor with complete treatment regimens for the top most common diseases in the country which contribute to increasing morbidity and mortality and high out-of-pocket spending for medicines and health services to majority of Filipinos.	P.C. No. 17 s-2014	2014-07-23
<b>Domiciliary Visits</b>	conduct of patient/beneficiary interview by visiting the member's/patient's residence or place of being.	P.C. No. 2016 - 0026	2016-08-12
<b>Electronic Claim Status Verification (CSV)</b>	it enables an HCI to track a submitted claim, map it against its own information system, and verify the adjudication and payment status of a claim.	P.C. No. 2016 - 0016	2016-05-16
<b>Electronic Claims Submission (ECS)</b>	this module consists of attributes specified in PhilHealth Claim Forms. It is designed in such away as to permit transmission to PhilHealth in the form of an Extensible Markup Language (XML).	P.C. No. 2016 - 0016	2016-05-16
<b>Electronic submission</b>	refers to submission of documents using the internet, Institutional Health Care Provider (IHCP) portal, and other means as determined by the Corporation.	P.C. No.10 s-2012	2012-03-14
<b>Emergency Room Logbook</b>	for patients who stayed in the emergency room whether or not subsequently admitted as an in-patient.	P.C. No. 25 s-2005	2005-09-28
<b>Employed Member</b>	refers to all government and private sector employees including household helpers and sea-based OFWs who are compulsory members of the NHIP. This also includes all the personnel of Armed Forces of the Philippines (AFP), Philippine National Police (PNP), Bureau of Jail Management and Penology (BJMP) and Bureau of Fire Protection (BFP) who entered the service after the effectivity of RA 8291 (GSIS Act).	P.C. No.24 s-2003 j	2003-07-11
<b>Employee</b>	any person who performs services for an employer in which either or both mental and physical efforts are used and who receives compensation for such services, the performance of which is under employer-employee relationship.	IRR of the NHIA of 2013 (Section 3)	2013-06-19

<b>Engagement</b>	is a modified/enhanced method of transaction between PhilHealth and an IHCP wishing to participate in the NHIP. It encompasses 2 processes: accreditation and participation.	P.C. No. 054, s-2012	2012-10-25
<b>Enrollment</b>	the process to be determined by the Corporation in order to enlist individuals as members or dependents covered by the Program.	IRR of the NHIA of 2013 (Section 3)	2013-06-19
<b>Extending Period of Confinement</b>	“this is committed by any health care institution who, for the purpose of claiming payment from the Program, files a claim with extended period of confinement by: a. Increasing the period of actual confinement of any patient; b. Continuously charting entries in the Doctor’s Order, Nurse’s Notes and Observation despite actual discharge or absence of the patient; or, c. Using such other machinations that would result in the unnecessary extension of confinement.”	P.C. No. 031-2014	2014-11-21
<b>Fabrication or Possession of Fabricated Forms and Supporting Documents</b>	any health care institution who is found preparing claims with misrepresentations or false entries, or to be in possession of claim forms and other documents with false entries .	P.C. No. 031-2014	2014-11-21
<b>Facility visits</b>	is a regular announced or unannounced monitoring activity to assess the compliance of health care institutions to their Performance Commitment and established standards of care.	P.C. No. 031-2014	2014-11-21
<b>Family</b>	a group of persons usually living together and composed of the head and other persons related to the head by blood, marriage and adoption.	IRR of the NHIA as amended by RA 9241 (Section 3)	2004-02-10
<b>Family confinement</b>	“hospital admission of the following persons for the same period regardless of the diagnosis: a. member and any of 3 qualified dependents b. any 4 of qualified dependents”	P.C. No. 031-2014	2014-11-21
<b>Feedback Mechanism</b>	“the process devised to inform both the Corporation and HCPs of the results of the performance monitoring and outcomes assessment processes. Part of the process is securing justification or explanation from the HCP for performance monitoring results that are inconsistent with PhilHealth policies including compliance to acceptable standards of quality and questionable/unethical practices.”	P.C. No. 2016-0026	2016-08-12
<b>Fee-for-service</b>	a fee pre-determined by the Corporation for each service delivered by a health care provider based on the bill. The payment system shall be based on a pre-negotiated schedule promulgated by the Corporation.	IRR of NHIA of 2013 (Section 3)	2013-06-19
<b>Field Validation</b>	is the process of verifying the monitoring findings through facility and/or domiciliary visits whenever necessary.	P.C. No. 031-2014	2014-11-21
<b>Filing of Multiple Claims</b>	any health care institution who files two or more claims for a patient for the same confinement or out-patient treatment or illness.	P.C. No. 031-2014	2014-11-21
<b>Filipinos With Dual Citizenship</b>	Filipinos who are also citizens of other countries.	IRR of NHIA of 2013 (Section 4)	2013-06-19
<b>Financial Risk Protection (FRP)</b>	protection of the population from high and unexpected cost of illness.	P.C. No. 031-2014	2014-11-21
<b>First case rate</b>	case rate claimed by health care institutions (HCI) for PhilHealth reimbursement which represents/ covers the medical condition of the patient with the most resources used, not necessarily the main condition.	P.C. No. 35 s-2013	2013-11-15
<b>Fixed co-pay</b>	a negotiated fixed amount for quality care (as defined) that may be charged by the contracted hospitals and approved by the Corporation.	P.C. No. 029, s-2012	2012-06-14
<b>Global Budget</b>	an approach in the purchase of medical services by which health care providers negotiate the cost of providing a specific package of medical benefits based solely on a pre-determined and fixed budget as determined by the Corporation.	IRR of the NHIA of 2013 (Section 3)	2013-06-19

<b>Good Payment Standing</b>	refers to the status of an employer who deducts accurate contribution from all the employees' compensation and remits the complete employer's and employees' contributions on a monthly basis supported by an employer's Quarterly Remittance Reports (RF-1) submitted within the prescribed period by the Corporation. This status may also be conferred to employers/members who have settled their arrears.	O.O. No. 0092 s-2005	2005-10-14
<b>Government employed health care professional</b>	"a health care professional either employed or detailed to provide service in a government-owned health care facility as supported by any of the following documents: 1. Appointment 2. Detail order 3. Secondment"	P.C. No.013 s-2012	2012-04-11
<b>Government Employee</b>	an employee of the government, whether regular, casual or contractual, who renders services in any of the government branches, military or police force, political subdivisions, agencies or instrumentalities, including government-owned and-controlled corporations, financial institutions with original charter, Constitutional Commissions, and is occupying either an elective or appointive position, regardless of status of appointment.	IRR of NHIA of 2013 (Section 5)	2013-06-19
<b>Group IHCPs</b>	refers to IHCPs that have been engaged by PhilHealth as a group/corporation under one management (e.g. hospitals or other IHCPs with branches, extensions or franchises).	P.C. No. 54 s-2012	2012-10-25
<b>Health Care Institution</b>	refers to health facilities that are accredited with PhilHealth which include, among others, hospitals, Ambulatory Surgical Clinics (ASC), Tuberculosis Directly Observed Therapy Short course (TB-DOTS), Free-Standing Dialysis Clinics (FDC), Primary Care Benefit (PCB) and Maternity Care Package (MCP) providers.	P.C. No. 031-2014	2014-11-21
<b>Health Care Professional</b>	doctor of medicine, nurse, midwife, dentist, pharmacist or other health care professional or practitioner duly licensed to practice in the Philippines and accredited by the Corporation.	P.C. No. 031-2014	2014-11-21
<b>Health Care Providers</b>	"refers to: 1. a health care institution, which is duly licensed and accredited devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability, or deformity, drug addiction or in need of obstetrical or other medical and nursing care. It shall also be construed as any institution, building, or place where there are installed beds, cribs, or bassinets for twenty-four hour use or longer by patients in the treatment of diseases, injuries, deformities, or abnormal physical and mental states, maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, rehabilitation centers and such other similar names by which they may be designated; or 2. a health care professional, who is any doctor of medicine, nurse, midwife, dentist, or other health care professional or practitioner duly licensed to practice in the Philippines and accredited by the Corporation; or 3. a health maintenance organization, which is entity that provides, offers, or arranges for coverage of designated health services needed by plan members for a fixed prepaid premium; or 4. a community-based health care organization, which is an association of indigenous members of the community organized for the purpose of improving the health status of that community through preventive, promotive and curative health services."	IRR of the NHIA as amended by RA 9241 (Section 3)	2004-02-10

<b>Health Center and/or Rural Health Unit</b>	refers to the health unit/s or health center/s owned, administered, managed and financed by the local government unit which is either attached to or directly supervised by the City/Municipal Health Office. Health centers and rural health units are used alternatively and interchangeably in this Guidelines.	P.C. No. 040 s-2000	2000-12-07
<b>Health Information Technology Provider (HITP)</b>	a third party information technology provider accredited by PhilHealth after having met the minimum requirements between HCLs and the Corporation.	P.C. No. 2016-0016	2016-05-16
<b>Health Maintenance Organization</b>	an entity that provides, offers or arranges for coverage of designated health services needed by plan members for a fixed-pre-paid premium.	IRR of the NHIA as amended by RA 9241 (Section 3)	2004-02-10
<b>Health System Provider</b>	a group of institutional health care providers that operates as part of a health system such as, but not limited to, Provincial Health (Hospital) System or Inter-Local Health System (Zone).	P.C. No. 013 s-2012	2012-04-11
<b>i-CARES PhilHealth CARES</b>	(Customer Assistance, Relations and Empowerment Staff) Inquiry	O.O. No.0138 s-2012	2012-11-08
<b>Identification</b>	a natural or juridical person who pays or compensates for services rendered by one or more individuals.	IRR of the NHIA of 2013 (Section 3)	2013-06-19
<b>i-Group Partner</b>	a duly registered Organized Group (OG) that has signed a MOA with PhilHealth to enroll its members under the i-Group Program.	O.O. No.0099 s-2012	
<b>Indigent</b>	a person who has no visible means of income, or whose income is insufficient for family subsistence, as identified by the DSWD based on specific criteria set for this purpose in accordance with the guiding principles set forth in Article I of the Act.	IRR of the NHIA of 2013 (Section 3)	2013-06-19
<b>Informal Sector</b>	to this sector belong, among others, street hawkers, market vendors, pedicab and tricycle drivers, small construction workers, and home-based industries and services.	IRR of the NHIA of 2013 (Section 5)	2013-06-19
<b>Initial Accreditation</b>	this shall be given to qualified health care providers that are applying for the first time. The accreditation shall take effect upon compliance of the requirements. If the facilities of a revoked institutional health care provider are transferred either by sale or lease or such other modes of transfer, such will be treated as an application for initial accreditation.	IRR of the NHIA of 2013 (Section 53)	2013-06-19
<b>Initial Engagement</b>	refers to the engagement of a health care provider with no previous accreditation/ engagement with the Corporation.	P.C. No. 054 s-2012	2012-10-25
<b>Innovation Site</b>	any site identified by the Corporation where the PCB2 Package will be initially implemented.	P.C. No. 017 s-2014	2014-07-23
<b>Interlocal Health Zone (ILHZ)</b>	refers to “any form of organized arrangement for coordinating the operations of an array and hierarchy of health providers and facilities serving a common population within a local geographic area under the jurisdictions of more than one local government unit”, as defined by DOH Administrative Order No. 174 series of 2004.	P.C. No. 054 s-2012	2012-10-25
<b>International Accrediting Organizations (IAOs)</b>	international accrediting bodies on health that are accredited by the International Society for Quality in Health Care (ISQua) for standards and organization.	P.C. No. 013 s-2012	2012-04-11
<b>Invalid Year of Births</b>	refers to the members’ birth dates that are futuristic like year 2034, 2045 and the like and year of birth which are 1899 and below.	O.O. No.0082 s-2011	2011-12-01
<b>Late Payment</b>	premium payments made beyond the deadline established by the Corporation.	O.O. No. 48 s-2008	2008-07-08

<b>Late Remittance</b>	PhilHealth premium contribution remitted after the prescribed period as determined by the Corporation.	IRR of the NHIA of 2013 (Section 3)	2013-06-19
<b>Lifetime Member</b>	<p>“a member who has reached the age of retirement under the law and has paid at least one hundred twenty (120) monthly premium contributions. Lifetime members shall include but not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Retirees/ Pensioners from the Government Sector <ol style="list-style-type: none"> <li>i. Old-age retirees and pensioners of the GSIS, including non-uniformed personnel of the AFP, PNP, BJMP and BFP who have reached the compulsory age of retirement before June 24, 1997, and retirees under Presidential Decree 408.</li> <li>ii. GSIS Disability Pensioners prior to March 4, 1995.</li> <li>iii. GSIS Retirees who have reached the age of retirement on or after March 4, 1995 and have at least 120 months PhilHealth premium contributions.</li> <li>iv. Retirees and Pensioners who are members of the Judiciary who have reached the age of retirement and have at least 120 months PhilHealth contributions.</li> <li>v. Retirees who are members of Constitutional Commissions and other Constitutional Offices who have reached the age of retirement and have at least 120 months PhilHealth contributions.</li> </ol> </li> <li>2. Retirees/ Pensioners from the Private Sector <ol style="list-style-type: none"> <li>i. SSS Pensioners prior to March 4, 1995.</li> <li>ii. SSS Permanent Total Disability Pensioners prior to March 4, 1995.</li> <li>iii. SSS Death/ Survivorship Pensioners prior to March 4, 1995. iv. SSS Old-age Retirees who have reached the age of retirement on or after March 4, 1995 and have at least 120 months PhilHealth premium contributions.</li> </ol> </li> <li>3. Uniformed Members of the AFP, PNP, BJMP and BFP <ol style="list-style-type: none"> <li>i. Uniformed personnel of the AFP, PNP, BJMP and BFP who have reached the compulsory age of retirement before June 24, 1997, and retirees under Presidential Decree 408.</li> <li>ii. Uniformed members of the AFP, PNP, BJMP and BFP who have reached the compulsory age of retirement on or after June 24, 1997, being the effectivity date of RA 8291 which excluded them in the compulsory membership of the GSIS and have at least 120 months PhilHealth premium contributions.</li> </ol> </li> <li>4. Members of PhilHealth who have reached the age of retirement as provided by law and have met the required premium contributions of at least 120 months, regardless of their employer/s' or sponsor's arrears in contributions and is not included in the Sponsored program nor declared as dependent by their spouse or children</li> </ol>	IRR of the NHIA of 2013 (Section 5)	2013-06-19
<b>Mandatory services</b>	essential services that contracted hospitals are obliged to provide based on clinical evidence and /or expert consensus as approved by the Corporation.	P.C. No. 029 s-2012	2012-06-14
<b>Maternity Care Package (MCP)</b>	is a PhilHealth benefit that covers the complete essential health care services for women about to give birth throughout their pregnancy and normal delivery (during antenatal, intrapartum and immediate postpartum periods) regardless of the type of health care institution where the services are rendered. The services shall include antenatal care, intrapartum monitoring, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.	P.C. No. 022-2014	2014-10-09

<b>Means Test</b>	the protocol administered at the barangay level to determine the ability of individuals and households to pay varying levels of contributions to the NHIP, ranging from those whose contributions should be totally subsidized by the government, to those who can afford to subsidize part but not all of the required contributions, and to those who can afford to pay.	IRR of the NHIA as amended by RA 9241 (Section 3)	2004-02-10
<b>Mechanism for Feedback</b>	the processes devised to inform both the Corporation and health care providers of the data and results of the performance monitoring and outcomes assessment processes.	IRR of the NHIA (Section 3)	2013-06-19
<b>Medical Audit</b>	a mechanism to review the claims vis-à-vis the established standard of practice and the applicable provisions in the performance commitment.	P.C. No. 031-2014	2014-11-21
<b>Medical case rate</b>	Case rate category that covers groups of medical conditions reimbursed by the Corporation. These are based on International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD 10).	P.C. No. 0035 s-2013	2013-11-15
<b>Medical Outpatient Clinic</b>	an institution or facility providing medical outpatient health services such as diagnostic examination, treatment and health counseling.	P.C. No. 025-2014	2014-10-28
<b>Medical Validation</b>	through documentary and /or clinical chart review a process of examining a medical record or any health facility document to determine the patient's information related, but not limited, to diagnosis, medical management, ICD-10 codes, etc.	P.C. 2016-0026	2016-08-12
<b>Member</b>	any person whose premium contributions have been regularly paid to the Program who may be a paying member, an indigent member, a sponsored member or a lifetime member or otherwise known as covered member.	IRR of the NHIA of 2013 (Section 3)	2013-06-19
<b>Member Information</b>	refers to information from the databases of the Corporation which is made accessible to the members without violating any laws or instruments issued by the Government and the Corporation, and without endangering the security of the databases of the Corporation.	P.C. No. 10 s-2010	2010-02-22
<b>Members Declared as Dependent</b>	refers to the members who are also declared as dependent of another member in the database.	O.O. No. 0082 s-2011	2011-12-01
<b>Membership Empowerment (ME) Form</b>	it is a document that ensures that the patient is informed of their case type Z benefits, the treatment choices and options, treatment schedule and follow-ups, member roles and responsibilities, member education and counseling and other pertinent courses of actions which is jointly signed by the beneficiary or his/her duly authorized guardian or representative and the attending health care provider in-charge upon diagnosis.	P.C. No. 029 s-2012	2012-06-14
<b>Migrant workers</b>	documented or undocumented Filipinos who are engaged in a remunerated activity in another country of which they are not citizens.	IRR of the NHIA of 2013 (Section 5)	2013-06-19
<b>Minor</b>	refers to a child below eighteen (18) years old who is under certain circumstances does not qualify him/her as a legal dependent and is under the custody of a mature person who acts as his/her guardian.	O.O. No. 0032 s-2005	2005-03-16
<b>Multiple Assignment of PIN/ PEN</b>	refers to cases where a member/employer is issued more than one PhilHealth Identification Number (PIN) or an employer with more than one PhilHealth Employer Number (PEN).	O.O. No. 0082 s-2011	2011-12-01
<b>Multiple Declaration of Dependents</b>	refers to cases wherein children are declared as dependents by both parents or parents who are 60 years old and above were declared as dependents by their Member children.	O.O. No. 0082, s-2011	2011-12-01

<b>National Health Insurance Program (NHIP)</b>	the compulsory health insurance program of the government as established in the Act, which shall provide universal health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>Naturalized Filipino Citizens</b>	those who have become Filipino citizens through naturalization as governed by Commonwealth Act No. 473 or the Revised Naturalization Law.	IRR of the NHIA 2013 (Section 5)	2013-06-19
<b>New Enrollee</b>	refers to an individual who has never been enrolled to PhilHealth or who has never been assigned a PhilHealth number.	O.O. No. 0091 s-2005	2005-09-28
<b>No Balance Billing (NBB) Policy</b>	shall mean no other fees or expenses shall be charged to or paid for by the patient-member above and beyond the packaged rates.	P.C. No. 029 s-2012	2012-06-14
<b>Non-compensable drugs</b>	are drugs that shall not be paid for by the Corporation. However, the drug outlet may still dispense drugs that are non-compensable but these shall be paid for by the patient.	P.C. No.002-2015	2015-02-17
<b>Non-health professional</b>	are workers not directly engaged in patient care such as but not limited to administrative, security, sanitation and maintenance, dietary or food, and among others.	P.C. No. 010 s-2012	2012-03-14
<b>Normal Spontaneous Delivery (NSD) Package</b>	is a PhilHealth benefit that covers only health services during intrapartum and immediate post-partum period for normal delivery regardless of the type of health care institution. The services shall include monitoring and management of labor, assist in normal delivery and post-partum care within 72 hours and 7 days after delivery.	P.C. No. 022-2014	2014-10-09
<b>Notice of Warning</b>	a document which serves to inform an HCP of an apparent commission of an adverse monitoring finding of the NHIP.	P.C. No. 2016-0026	2016-08-12
<b>Obligated service</b>	refers to a service that must be rendered to target clients because it is medically necessary and for the purpose of determining outcome performance as basis for payment.	P.C. No. 010 s-2012	2012-03-14
<b>Offense</b>	any confirmed violation after due process as reflected in the revised IRR of RA 7875 amended by RA 10606.	P.C. No. 2016-0026	2016-08-12
<b>Organized group</b>	is any legally registered organization of the informal sector with an authorized government regulatory body with the aim of providing social protection or social health insurance to its informal sector members such as a microfinance institution, cooperative, non-government organization, and credit union, among others.	P.C. No. 010 s-2012	2012-03-14
<b>Other Self-Earning Individuals</b>	individuals who render services or sell goods as a means of livelihood outside of an employer-employee relationship or as a career, but do not belong to the informal sector. These include businessmen, entrepreneurs, actors, actresses and other performers, news correspondents, professional athletes, coaches, trainers, and other individuals as recognized by the Department of Labor and Employment (DOLE) and/or the Bureau of Internal Revenue (BIR). (RA10606).	IRR of National Health Act 2013 Section 53	2013-06-19
<b>Other Services</b>	additional services that may be necessary to provide quality care based on clinical protocols/guidelines/ pathways accepted by the Corporation.	P.C. No. 029 s-2012	2012-06-14
<b>Outcomes Assessment</b>	the process of monitoring and reviewing of outcomes resulting from the health care services rendered by accredited providers. Information that can result from an outcome assessment includes knowledge and attitude changes, short-term or intermediate behavior shifts, reduction of morbidity and mortality, satisfaction of patients with care and cost, among others.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>Outpatient Clinic</b>	an institution or facility with a basic team providing health services such as diagnostic consultation, examination, treatment, surgery and rehabilitation on an out-patient basis.	IRR of the NHIA as amended by R.A. 9241 (Section 3)	2004-02-10
<b>Overlapping payment</b>	refers to payments made by the members as a result of shifting in membership category.	O.O. No. 48 s-2008	2008-07-08

<b>Overpayment</b>	the payment of premium is more than the prescribed premium contribution established by the Corporation.	O.O. No. 48 s-2008	2008-07-08
<b>Overseas Filipino Worker (OFW)</b>	refers to a person who is to be engaged, or is engaged or has been engaged in a remunerated activity in a state of which the worker is not a legal resident. The term is to be used interchangeably with Migrant Worker.	P.C. No. 24 s-2003	2003-07-11
<b>Overwritten Data</b>	refers to the case where the data of original member is replaced by editing the name and other pertinent data resulting to a PIN being issued to two (2) different members.	O.O. No. 0082 s-2011	2011-12-01
<b>Participation</b>	process where HCPs enter into an agreement with PhilHealth to deliver the National Health Insurance Program by providing health care services to NHIP beneficiaries for reimbursement by PhilHealth.	P.C. No. 013 s-2012	2012-04-11
<b>PCB Provider</b>	refers to any health facility providing services under primary care benefit (PCB).	P.C. No. 010 s-2012	2012-03-14
<b>PCB2 client</b>	member/dependent selected by the PCB1 provider to avail the PCB2 Package among the eligible members and dependents as agreed upon by the patient and PCB1 physician.	P.C. No. 17 s-2014	2014-07-23
<b>PCB2 identifier</b>	a facility that is accredited by the Corporation as a PCB1 provider to screen and identify PCB2-eligible patients.	P.C. No. 017 s-2014	2014-07-23
<b>PCB2 provider</b>	any company that has the capacity to provide the medicines needed to deliver the PCB2 package.	P.C. No. 017 s-2014	2014-07-23
<b>Peer Review</b>	a process by which the quality of health care provided to Program members or the performance of a health care professional is reviewed by professional colleagues of comparable training and experience either within the professional organization or hospital or within the corporation itself when commissioned by the corporation to undertake the same. The results of the said review can be utilized as basis for quality interventions and/or payment or non-payment of claims.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>Pension</b>	retirement benefit received monthly by AFP pensioners and from which PhilHealth premium shall be deducted.	P.C. No. 009 s-2012	2012-03-06
<b>Performance Commitment</b>	a document signed by IHCPs who intend to participate in the NHIP, which stipulate their undertakings to provide complete and quality health services to PhilHealth members and their dependents, and their willingness to comply with PhilHealth policies on benefits payment, information technology, data management and reporting and referral, among others.	P.C. No. 054 s-2012	2012-10-25
<b>Performance Monitoring</b>	an ongoing measurement of a variety of indicators of health care quality in the health field to identify opportunities for improvement in health care delivery.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>Performance Monitoring Process</b>	a systematic sequence of steps to evaluate accredited HCPs using the outcome indicators described in Annex A of this circular as guide to identify opportunities for improvement in health care delivery.	P.C. No. 2016-0026	2016-08-12
<b>PhilHealth Agents Receipt (PAR) Form</b>	is an accountable form receipt issued to a member upon payment of premium contribution through any Accredited Collecting Agent (ACA).	O.O. No. 87 s-2009	2009-09-02
<b>PhilHealth AIMS or P-AIMS</b>	a PhilHealth Account Information Management Specialist is an Account Officer assigned to manage a number of employer accounts. The P-AIMS is tasked to build strong, lasting and meaningful relationship with the employers. The P-AIMS shall also ensure employer compliance to PhilHealth membership registration, premium remittance and reportorial requirements.	O.O. No. 132 s-2012	2012-10-31

<b>PhilHealth Benefit Eligibility Form (PBEF)</b>	is a document produced through PhilHealth Enhanced Health Care Institution Portal that contains the information whether the member or dependent is eligible to avail of PhilHealth benefits in terms of the following: 1) status of membership/dependency; 2) premium contributions; and 3) compliance to 45 days benefit limit.	P.C. No. 022-2014	2014-10-09
<b>PhilHealth CARES Form 1 (PCF1)</b>	a multi-purpose tool use in lieu of the Member Data Record (MDR) and validate the member's eligibility and dependent status as well as those with discrepancy in data based on the PhilHealth Inquiry System (i-CARES).	O.O. No. 138 s-2012	2012-11-08
<b>PhilHealth Employer Number (PEN)</b>	the permanent and unique number issued by the Corporation to registered employers, who may either be juridical or natural persons.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>PhilHealth Employers Engagement Representative</b>	a PEER is the employer's authorized officer/personnel assigned to handle the updating of membership registration and enrollment, premium remittance and reporting and facilitate the empowerment of the employee-members on its rights and benefits as PhilHealth members.	O.O. No. 0132 s-2012	2012-10-31
<b>PhilHealth Identification Card</b>	is the health insurance identification card issued by the Corporation to members and their dependents.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>PhilHealth Identification Number (PIN)</b>	the permanent and unique number issued by the Corporation to individual members and to each and every dependent.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>PhilHealth Office</b>	the head office and other offices established by the Corporation in every province and chartered city, or wherever it is deemed practicable.	IRR of the NHIA 2013 (Section 3)	2013-06-19
<b>PhilHealth Official Receipt (POR) Form</b>	is an accountable form. It shall be issued by the cashier/ designated collecting officer/agent to acknowledge receipt of premiums, donation, settlement of disallowances, refund of unexpended cash advance, accreditation fees, and other receipts due to the Corporation.	O.O. No. 111 s-2003	2003-10-13
<b>PhilHealth Online Access Form (POAF)</b>	is the application form that is manually filled out, and then submitted to PhilHealth, by an employer for the purpose of being given online access to the EPRS. It contains, among others, the employer's name, PhilHealth Employer's Number (PEN), business address: name, position, signature, and e-mail address of the head of office, as well as the user's name, position, email address and mobile number.	O.O. No. 132 s-2012	2012-10-31
<b>PhilHealth Premium Payment Slip (PPPS)</b>	is a non-accountable form which shall be accomplished by the paying member by indicating therein the name, address, PhilHealth Employer Number (PEN) or PhilHealth Identification Number (PIN), applicable period of premium contribution and the amount to be paid. This form shall be available in all the counters of the ACAs for paying members.	O.O. No. 87 s-2009	2009-09-02
<b>Philippine Health Insurance Corporation</b>	a government owned and controlled corporation duly organized and existing by virtue of Republic Act No. 7875 (as amended by Republic Act No. 9241), otherwise known as the National Health Insurance Act of 1995, may be referred to as "PHILHEALTH" or the "Corporation".	P.C. No. 10 s-2012	2012-03-14
<b>Philippine National Drug Formulary (PNDF)</b>	refers to the essential drugs list for the Philippines which is prepared by the National Drug Committee of the Department of Health (DOH) in consultation with experts and specialists from organized professional medical societies, the academe and the pharmaceutical industry, and which is updated every year.	P.C. No.040 s-2000	2000-12-07
<b>PMAIS Look Up</b>	PhilHealth Members Account Information Systems (PMAIS) Inquiry.	O.O. No. 0138 s.2012	2012-11-08
<b>PMT-CARES</b>	Project Management Team for CARES.	O.O. No. 0138 s.2012	2012-11-08
<b>Poor families/individuals</b>	are those whose income fall below the poverty threshold.	P.C. No. 21 s-2001	2001-06-21

<b>Positive monitoring findings</b>	performance of health care providers that may either show 100% compliance to all PhilHealth policies and treatment protocols and/or conduct of other mechanisms and innovations to promote the National Health Insurance Program (NHIP) and/or protect it from abuse.	P.C. No. 2016-0026	2016-08-12
<b>Post Exposure Prophylaxis</b>	refers to anti-rabies treatment administered after an exposure (such as bite, scratch, lick, etc.) to potentially rabied animal.	P.C. No.015 s-2012	2012-04-17
<b>Poverty incidence</b>	is the proportion of families/population whose annual per capita income falls below the annual per capita poverty threshold to the total number of families/population in a given area.	P.C. No. 21 s-2001	2001-06-21
<b>Poverty threshold</b>	is the annual per capita income required or the amount to be spent to satisfy nutritional requirements (2kcal) and other basic needs such as clothing and footwear, fuel, light and water, rental or occupied dwelling units; medical care; education; transportation and communications; non-durable furnishings; household operations and personal care and effects.	P.C. 21 s-2001	2001-06-21
<b>Pre-accreditation Survey (PAS)</b>	is a process of assessing health care institutions that are not automatically accredited as defined by the Corporation as well as those applying for advanced participation. This includes among others, on-site observation, evaluation of pertinent documents and interview of personnel and patients.	IRR of National Health Act 2013 Section-3	2013-06-19
<b>Pre-Assigned PINs</b>	refers to the PINs generated using the remittance report of employers from private sectors wherein only the full name, SSS number and address of employer were captured as data of the member.	O.O. No. 0082 s-2011	2011-12-01
<b>Pre-authorization</b>	an approval process from PhilHealth that gives the contracted hospital the information that the member has passed the eligibility and minimum clinical selections criteria required for availment of the case type Z benefit.	P.C. No.29 s-2012	2012-06-14
<b>Pre-Contracting survey</b>	is a process of assessing and evaluating the compliance of health care institution with standards set by the Corporation in providing specialized care services ( Z Benefit Packages) to NHIP members and their dependents.	P.C. No.14 s-2015	2015-06-15
<b>Preferred Institutional Health Care Provider</b>	is a recognition conferred to a health facility granted Advanced Participation for beyond compliance with PhilHealth policies, demonstrated higher financial risk protection, excellent quality of care and better service satisfaction to its clients/patients.	P.C. No.054 s-2012	2012-10-25
<b>Premium Contribution or Premium Payment</b>	The amount paid to NHIP by or in behalf of a member, based on salaries or wages, on household earnings and assets, or on scheduled level of premium subsidy.	IRR of the NHIA (Section 3)	2004-02-10
<b>Primary Care Benefit 1 (PCB1) Package</b>	stands for primary care benefits 1 package which includes the following 3 main provisions: primary preventive services, diagnostic examinations and drugs and medicines.	P.C. No. 10 s-2012	2012-03-14
<b>Primary Care Facility</b>	a first-contact healthcare facility that offers basic services including emergency service and provision for normal deliveries. It is subdivided into: a. With in-patient beds - a short stay facility where patients can be admitted for a short period of 1 to 3 days. Examples are infirmary, dispensary and birthing home. b. Without beds - a facility where medical and/ or dental examination and treatment and minor surgical procedures are rendered without confining the patient. Examples are Medical Outpatient Clinic, OFW Clinics, and Dental Clinics.	P.C. No.025 s-2014	2014-10-28

<b>Private Employee</b>	an employee who renders services in any of the following: i. Corporations, partnerships, or single proprietorships, NGOs, cooperatives, non-profit organizations, social, civic, or professional or charitable institutions, organized and based in the Philippines including those foreign owned; ii. Foreign governments or international organizations with quasi-state status based in the Philippines which entered into an agreement with the Corporation to cover their Filipino employees in PhilHealth; iii. Foreign business organizations based abroad with agreement with the Corporation to cover their Filipino employees in PhilHealth.	IRR of National Health Act 2013 Section 5	2013-06-19
<b>Procedure Case Rate</b>	case rate category that covers procedures or surgical interventions reimbursed by the Corporation, which are based on the Relative Value Scale (RVS).	P.C. No.0035 s-2013	2013-11-15
<b>Profiling</b>	refers to the act of doing/updating the individual health profile of entitled members and dependents.	P.C. No.002 s-2015	2015-02-17
<b>Prospective adjustment</b>	refers to the application of premium payment to the succeeding missed period (quarter)	O.O. No. 48 s-2008	2008-07-08
<b>Provider Data Record</b>	a form accomplished, whether manually or electronically, by an HCP upon registration containing basic data in relation to its demographical information and service capability.	P.C. No.013 s-2012	2012-04-22
<b>Public information</b>	refers to information available to the public.	P.C. No. 10 s-2010	2010-02-22
<b>Public-Private Partnership</b>	is broadly defined as a cooperative venture between the public and private sectors built on the expertise of each partner, that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards. This partnership may range from health care provision to logistics management, from information and communication technology to capacity building of health providers.	O.O. No. 46, s.2012	2012-04-17
<b>Qualified OG Members</b>	refer to the members of the organized group who may be enrolled under the Individually-Paying Program (IPP). These are the following: 1) Inactive PhilHealth members; 2) OG members who used to be employed but shifted to the informal sector due to resignation or unemployment; 3) OG members who are actively enrolled under IPP and would like to sustain their premium payment through the Group; 4) Qualified dependents who opted to be covered separately under IPP through the OG; or 5) Have never been under any of the component of the National Health Insurance Program (NHIP), including indigents not sponsored by the LGU under the Sponsored Program but are willing to pay premium; 6) OG members who have at least 6 months residency with the group prior to effectivity of coverage.	O.O. No. 0091 s-2005	2005-09-28
<b>Quality Assurance</b>	a formal set of activities to review and ensure the quality of services provided. It includes quality assessment and corrective actions to remedy any deficiency identified in the quality of patient care, administrative and support services.	IRR of National Health Act 2013 Section 3	2013-06-19
<b>Quality care</b>	a true multidisciplinary-interdisciplinary team approach to patient care, with each discipline respecting the role and expertise of the other, in the delivery of complete managed care and course of treatment which comprises all mandatory and other services required to produce the desired health outcome.	P.C. No.029 s-2012	2012-06-14
<b>Quarterly</b>	one (1) quarter group premium contribution of all enrollees to be paid on or before the last working day of the quarter prior to the start of the applicable period.	P.C. No. 44 s-2012	2012-08-29

<b>Questionable practice</b>	practice patterns/behavior of healthcare professionals that are found to be inconsistent with acceptable standards of quality and are not in accordance to the code of ethics set by a recognized healthcare professional body and/or by the Professional Regulations Commission (PRC).	P.C. No. 2016-0026	2016-08-12
<b>Re-Accreditation</b>	the accreditation that shall be given to health care providers under any of the following conditions, or any other conditions as determined by the Corporation: 1. Health care institutions whose previous accreditation has lapsed or whose subsequent application was denied; 2. Health care institutions that failed to submit the requirements for continuous participation within the prescribed period; 3. Acquisition of additional service capability that would require change in license/certificate, as applicable, issued by the relevant authority; 4. Transfer of location. The health care institution must first secure a license to operate from the DOH for the new facility prior to the date of transfer and apply for re-accreditation within ninety (90) calendar days from the date of transfer. Beyond this period, the accreditation shall automatically lapse and all claims filed with the Corporation shall not be paid. The health care institution must inform the Corporation of the planned transfer indicating the exact date of transfer and address of the new site. The ninety (90) day grace period shall not apply to the new site if it is not licensed; 5. Upgrading of facility level or category; 6. Change in the classification of health care institution; 7. Change in ownership. The health care institution in good standing must apply within the ninety (90) calendar days from actual change of ownership; 8. Resumption of operation after closure/cessation of operation.	IRR of National Health Act 2013 Section 53	2013-06-19
<b>Recidivists</b>	any health care provider who at the time of trial for an offense has been previously convicted by final judgment for any offense under this Rules.	IRR of the NHIA (Section 3)	2004-02-10
<b>Red Flag</b>	a tag used for HCPs with observed unusual practices that are not supportive of the National Health Insurance Program (NHIP) goals.	P.C. No. 2016-0026	2016-08-12
<b>Reference Health Care Institution</b>	a contracted hospital (as defined) that shall provide technical and administrative services to other contracted hospitals, such as but not limited to, costing and procurement of agreed mandatory services, and setting standards of care.	P.C. No.14 s-2015	2015-06-15
<b>Reference hospital</b>	is a contracted hospital (as defined) where, in addition, shall provide technical and administrative services, such as but not limited to, the creation and maintenance of a patient registry hub, costing and procurement of agreed mandatory services, and setting standards of care.	P.C. No.29 s-2012	2012-06-14
<b>Referral Partner/Facility</b>	any partner/facility with which a contracted hospital has a Memorandum of Agreement (MOA) as approved by the Corporation to provide services for continuity of care.	P.C. No.29 s-2012	2012-06-14
<b>Reinstatement of Accreditation</b>	the restoration of accreditation after compliance to conditions following a suspension imposed by the Corporation.	IRR of National Health Act 2013 Section 53	2013-06-19
<b>Renewal Accreditation</b>	the accreditation given to a health care provider before the expiration of a previous accreditation in accordance with the provisions of this Rules.	IRR of the NHIA (Section 3)	2004-02-10
<b>Retiree/Pensioner</b>	refers to a member who has reached the age of retirement as provided for by law and has paid at least 120 monthly premium contributions. Retirees and Pensioners of the SSS and GSIS prior to the effectivity of this Act, retired underground mine workers and all other NHIP members who are qualified to enroll as retirees/pensioners pursuant to the provisions of PhilHealth Circular No. 33 Series 2001 fall under this category.	P.C. No.24 s-2003	2003-07-11

<b>Retiree-Member</b>	refers to: a. a member of the GSIS or SSS who has reached the age of retirement or who has retired on account of disability prior to the effectivity of the Act on March 4, 1995; or b. a pensioner of the GSIS or SSS prior to the effectivity of the Act on March 4, 1995; or c. a member who has reached the age of retirement as provided for by the law and has paid at least 120 monthly premium contributions.	IRR of the NHIA (Section 3)	2004-02-10
<b>Retroactive adjustment</b>	refers to the application of premium payment to the immediately missed period (quarter).	O.O. No. 48 s-2008	2008-07-08
<b>RF-1 File</b>	softcopy of the employer's monthly remittance report.	O.O. No. 04 s-2008	2009-01-21
<b>RF-2 File</b>	softcopy of the daily bank abstract of collection report.	O.O. No. 42.s-2011	2011-09-23
<b>Rural Areas</b>	are defined as "areas outside of the poblacion and/or CBD and where more than fifty percent (50%) of the population are engaged in agricultural activities.	P.C. No. 21 s-2001	2001-06-21
<b>Second Case Rate</b>	case rate claimed by HCIs for PhilHealth reimbursement which represents/covers the medical condition of the patient with the second most resources used.	P.C. No.0035 s-2013	2013-11-15
<b>Semi-Annual</b>	50% of the total annual group premium contributions of all enrollees which shall be paid on or before the last working day of the quarter prior to the applicable semester within a calendar year.	P.C. No. 44 s-2012	2012-08-29
<b>Senior Citizen or Elderly</b>	refers to any Filipino citizen who is a resident of the Philippines, and aged sixty (60) years or above. The term may apply to dual citizens aged 60 years or above provided that there is a proof of Filipino citizenship and have at least six (6) months of residency in the Philippines as provided in the Implementing Rules and Regulations of Republic Act No. 9994.	P.C. No.006 s-2015	2015-03-19
<b>Service delivery points</b>	access points where PCB2-eligible patients can claim their drugs. These are places identified both by the PCB2 identifier and the Corporation where the medicines can be easily accessed by the patients.	P.C. No.0017 s-2014	2014-07-23
<b>Special Benefit Packages under the New Case Rates</b>	these are benefits with predetermined fixed rate for each treated medical or surgical cases	P.C. No. 44 s-2012	2012-08-29
<b>Specialty Hospital</b>	a hospital that specializes in particular disease or condition or in one type of patient. It was licensed as such with no corresponding level of classification. Example includes children's hospital and orthopedic hospital.	P.C. No.025 s-2014	2014-10-28
<b>Sponsored Member</b>	a member whose contribution is being paid by another individual, government agency, or private entity according to the rules as may be prescribed by the Corporation.	IRR of the NHIA 2013 (Section 5)	2013-06-19
<b>Sufficient Regularity of Premium Contribution</b>	pattern characterized by consistent remittance of premium contribution.	IRR of National Health Act 2013 Section-3	2013-06-19
<b>Surplus</b>	a situation when the CYR exceeds the CYE. In this instance, current inflows are more than enough to meet the cost of current year's expenditures.	O.O. No. 0145 s-2012	2012-09-27
<b>Suspected diabetes mellitus</b>	refers to individuals with known risk factors for and/or symptoms and signs suggestive of diabetes mellitus.	P.C. No. 10 s-2012	2012-03-14
<b>Systematic Acute Respiratory Syndrome (SARS)</b>	is a respiratory viral infection caused by a coronavirus-SARS CoV.	P.C. No.14 s-2006	2006-04-18
<b>Third Party Accreditation</b>	is the accreditation of health care institutions by a third party duly recognized and authorized by PhilHealth exclusive of the decision-making function to grant or deny accreditation to the Program.	IRR of National Health Act 2013 Section-3	2013-06-19
<b>Transaction Reference Number</b>	electronically generated number thru BPI-Express Link for every successful payment transaction that serves as proof of payment.	O.O. No. 04 s-2009	2009-01-21
<b>Transaction Reference Number</b>	electronically generated number thru Citiconnect for every successful payment transaction that serves as proof of payment.	O.O. No. 05 s-2009	2009-01-21

<b>Transaction Reference Number</b>	electronically generated number thru Security Bank's Digibanker for every successful payment transaction that serves as proof of payment.	O.O. No. 100 s-2010	2010-12-21
<b>Transaction Reference Number</b>	electronically generated number thru Bancnet's e-Gov facility for every successful payment transaction that serves as proof of payment.	O.O. No. 42.s-2011	2011-09-23
<b>Treasury Look Up</b>	Treasury Database Editing Module Inquiry	O.O. No. 0138 s.2012	2012-11-08
<b>Tsekap Provider</b>	refers to any health facility providing services under the Primary Care Benefit Package/Tsekap as described in the Circular.	P.C. No. 002-2015	2015-02-17
<b>Unauthorized Activity</b>	an activity that has no documented approval by the concerned third level officer.	O.O. No.128 s-2012	2012-10-15
<b>Underpayment</b>	the payment of premium is less than the prescribed premium contribution established by the Corporation.	O.O. No. 48 s-2008	2008-07-08
<b>Upcoding or upcasing or diagnosis creeping or procedure creeping</b>	claiming for a related illness or procedure of higher severity or complexity to gain higher benefit payment.	P.C. No.031 s-2014	2014-11-21
<b>Urban Areas</b>	refer to all cities regardless of their population density and to municipalities with a population density of at least five hundred (500) persons per square kilometer. This include all barangay(s) or portion(s) of which comprising the poblacion and/or the Central Business District (CBD) and the built-up area including the urbanizable land in and adjacent to the CBD; and where at least more than fifty percent (50%) of the population are engaged in non-agricultural activities.	P.C. No. 21 s-2001	2001-06-21
<b>Utilization Review</b>	a formal review of patient utilization or of the appropriateness of health care services on a prospective, concurrent, or retrospective basis.	IRR of the NHIA as amended by 9241	2004-02-10
<b>Z Benefits Information Tracking System (ZBITS)</b>	is the information tracking system that shall be developed by the Corporation, in collaboration with relevant stakeholders and experts, that aims to track all Z patients in contracted HCIs from diagnosis up to improvement, death or lost to follow-up, and during referral of patients to other contracted HCIs.	P.C. No.2015-035	2015-11-10