

PhilHealth and the IRR of the NHI 2013 (Section 54)
 Case Rates - fixed rate or any other rate assigned to a specific illness/case.
 PhilHealth will reimburse the member based on the Case Rates Code - code assigned to the illness/case.

PhilHealth Corporate Data Dictionary

| TERM | DEFINITION | SOURCE | DATE APPROVED |
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| Access Rights and Privileges | the extent or the maximum operations to which a Registered User of the application system is allowed to use or execute. | | |
| Accredited Collecting Agent (ACA) | 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 |
| Accumulated Revenues | the amount of accumulated net income from years of operation. | O.O. No. 145 s-2012 | 2012-09-27 |
| Acquisition Cost | the price at which the property was acquired which also includes related expenses incurred during the acquisition/ construction of the property such as taxes, license fees, permit fees, clearance fees, etc. | | |
| Activation of an Existing Account | the process of changing the status of the Registered User of the application system (owner of existing account) from "deactivated" to "active". This indicates re-granting of previous access rights and privileges. Activation should be initiated by the requesting party by forwarding a properly filled-out and signed Application Account Authorization Form (3AF) to the IT Help Desk for verification and processing of the request, supported by a copy of PhilHealth Company ID. | | |
| Active Member | 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 |
| Adjustment | 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 |
| Advance Payment | premium payments made in advance for the succeeding quarter, semester or year. | O.O. No. 48 s-2008 | 2008-07-08 |
| Advanced Participation | 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 |
| Adverse Monitoring Findings | 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 |
| Affiliation | 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 |
| AFP Finance Center | the office of the AFP tasked to execute payment of pensioners. | O.O. No. 0088 s-2012 | 2012-07-06 |
| Annual | 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 |
| Applicable Period | time specified where payment is applied such as month, quarter, semester or year. | O.O. No. 99 s-2012 | 2012-08-29 |

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| Application Account Authorization Form (3AF) | the form necessary to facilitate and process the request such as creation of new user account, editing/updating, deactivation and activation of a particular user account. An accomplished or filled-out form should originate from the requesting office. Attached (3AF) (Annex A) in this Procedure includes "date signed" fields for names and signatures of recommending approval and approval. For password resetting, this is a system generated form. | | |
| Appraisal | is the process of computing the value of the property to be disposed of, in order to be able to set the government's minimum selling price. | | |
| Appraisal Value | a professional estimate of the current worth of a property/ item /equipment. It is an opinion of the appraiser based upon the interpretation of facts and beliefs into an estimate, as of a stated date. | | |
| Appraiser | refers to IAC member as to the field of expertise who estimates the market value PPE with reference to the acquisition cost, condition factor and market value. | | |
| Appropriations | the amount specified in the COB that can be spent on Programs, Projects and Activities (PPAs). | | |
| Assignment | (electronic) sign-in/registration of a PCB eligible member with their chosen EPCB HCI. This shall be required for all qualified PCB beneficiaries prior ro benefit payment. | | |
| Authority to Deduct (ATD) PhilHealth Premium | 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 |
| Authorization Transaction Code (ATC) | system generated unique code given to a beneficiary prior to any consultation/follow-up with EPCB provider. | | |
| Automatic Accreditation | 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 |
| Automatic Deactivation | the type of deactivation which is triggered by HRD. This shall be automatically performed without the properly filled-out and signed 3AF or without informing the person granted with access but notifies the user's supervisor that the user accout has been deactivated. | | |
| Appropriations | the amount specified in the CONB that can be spent on a Program/Project/Activity. | | |
| Band Class | the premium incentive level based on the actual number of enrollees. | O.O. No. 99 s-2012 | 2012-08-29 |
| BANGSAMORO | refers to beneficiaries identified by the OPAPP other than those under the PAMANA. | | |
| Basic Participation | 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 |
| Bed Occupancy Rate (BOR) | percentage of authorized beds occupied by hospital inpatient over a period of time. | P.C. No. 31 s-2014 | 2014-11-21 |
| Bed Turn-Over Rate | 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 |

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| Benefit Expense | refers to benefit claims of Direct and Indirect contribution. | | |
| Benefit package under the Fee-for-Service Payment | 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 |
| Benefit Schedule | 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 |
| Billing Batch | 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 |
| Billing Cycle | 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 |
| Budget | the sum of money or resources allocated for the purpose. | | |
| Budget Execution Documents (BED) | refers to documents annually submitted by government entities receiving budgetary support from the national government for review/evaluation and consolidation by the Department of Budget and Management (DBM). | | |
| Budget Release Order (BRO) | budget authority issued by the Head Office to the PhilHealth Regional Offices (PROs) which shall be the basis of the latter in certifying budget availability. | | |
| Case Rate | fixed rate or amount that PhilHealth will reimburse for a specific illness/case. | P.C. No. 35 s-2013 | 2013-11-15 |
| Case Rate Code | code developed by the Corporation assigned to groups of medical conditions, and individual procedures. | P.C. No. 35 s-2013 | 2013-11-15 |
| Case Type Z Benefit Packages | 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 |
| Case-based Payment | 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 |
| Cash Based Budgeting Approach | contracts for goods and services should be delivered and rendered by the end of the Fiscal Year (FY) and payment of obligations can be done until the end of the first quarter of the ensuing year. Contracts delivered at the end of the FY can be paid during the 3-month Extended Period of Payment (EPP). | | |
| Centrally Managed Funds | these are lump sum funds that are temporarily lodged in the Head Office, execution of which is subject to the approval of the concerned program office. | | |
| Certificate of Eligibility to Participate (CEP) | 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 |
| Certificate of Registration (CoR) | 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 |

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| Certification | the process that assures the general public and payers of health care 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 |
| Chart Review | 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 |
| Citizens of other countries working and/or residing in the Philippines | 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 |
| Claims for Non-Admitted or Non-Treated Patients | "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 |
| Claims/services review and profiling | 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 |
| Clinical Practice Guidelines (CPG) | 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 |
| Co-Payment | a fixed rate that a member is required to pay for consultation, laboratory/diagnostic intervention and medicines at the time of visit. | | |
| Code substitution | 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 |
| Committee | refers to a group of representatives from selected offices of this Corporation appointed to take charge of the undertakings on the lease of PhilHealth-owned real properties to private or government entities, for the purpose of this Corporate Order. | | |
| Compensable Drugs | 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 |
| Completed treatment (for Animal Bite Package) | 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 |
| Complication | 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 |
| Complication Rate | 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 |
| Condition Factor | the adjustment factor used to consider actual condition of the property under appraisal thru an evaluation of the state or condition of the major components of such property relative to an ideally functioning model. | | |
| Continuous Accreditation | 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 |
| Continuous Participation | 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 |

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| Contracted Health Care Institution | any accredited health care institution that enters into a contract PhilHealth for specialized care. | P.C. No.14 s-2015 | 2015-06-15 |
| Contracted Hospital | 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 |
| Contracting | a purchasing mechanism used to acquire a specified services, 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 |
| Contribution Database | the database of paid premium contributions of all PhilHealth members and the basis eligibility to benefit availment of the PhilHealth Portal system. | | |
| Corporate Operating Budget (COB) | refers to the budget for administrative costs, capital outlays and benefit expenses. | | |
| Corporate Thrusts | are the Corporate's Planned Programs, Projects and Activities (PPAs) which are aligned with UHC Act and to be implemented for the year. | | |
| Cost Center | refers to an organizational unit such as an individual department/office in the Head Office and Regional Offices which is responsible for developing its own budget. | | |
| Coverage | 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 |
| Creation of User Account | the process of providing a Registered-User with an account for him/her to access the application system. This should be initiated by the requesting party through a properly filled-out and signed Application Account Authorization Form (3AF) and forward to the IT Help Desk for verification and processing of the request, supported by a copy of PhilHealth ID. | | |
| Critical Data | with data elements which have a direct effect on the record of PhilHealth member like premium amount and date of payment. | | |
| Current Market Value | is the price estimated which a property will bring if exposed for sale in the open market, allowing a reasonable time to find a buyer who buys with knowledge of the actual condition and utility of the property. | | |
| Current Year's Expenditures (CYE) | 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 |
| Current Year's Revenues (CYR) | 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 |
| Data Amendment Request Form (DARF) | a form used by the external and internal client to request for correction/adjustment of their payment details posted in the TDEM duly approved by the immediately next higher supervisor. | | |
| Data Leakage | an unauthorized transaction of data from within an organization to an external or recipient. | | |
| Data Leakage Identification System | a system that detects and registers data leakage. | | |

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| Deactivation of an Existing Account | <p>the process of disabling or restricting the user to access a particular application system. This is a process of changing the status of the Registered User of the system (owner of existing account) from "active" to deactivated". It includes removing the user's ability to log in the application and revoking his/her access rights and privileges. Deactivation shall be performed for existing accounts systems whose owners no longer require access to application systems.</p> <p>This could be any of the following:</p> <ul style="list-style-type: none"> • Automatic deactivation per defined instances/cases. • Deactivation as initiated/requested by Division Chief/ Immediate Supervisor per defined instances/cases; and, • Deactivation as initiated/requested by Division Chief/ Immediate Supervisor in his/her exercise of reasonable care and prudent judgment. | | |
| Delinquent Employers | 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 |
| Dependent | <p>"the legal dependents of a member who are the:</p> <ol style="list-style-type: none"> 1. Legitimate spouse who is not a member; 2. Unmarried and unemployed legitimate, legitimated, acknowledged, illegitimate children and legally adopted or stepchildren below twenty-one (21) years of age; 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; 4. Foster child as defined in Republic Act 10165 otherwise known as the Foster Care Act of 2012 ; 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 6. Parents with permanent disability regardless of age as determined by the Corporation, that renders them totally dependent on the member for subsistence." | IRR of the NHI 2013 (Section 3) | 2013-06-19 |
| Development Environment | hardware, software, platform and tools for designers and developers. | | |
| Document Tracking System | is a web-based intranet application which enables computer-assisted access and monitoring of a hard copy document in order to locate it or check its status. | | |
| DOH Assessment Tool for Licensure of Hospitals | 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 |
| DOH Complete Treatment Pack program | 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 |
| Domiciliary Visits | 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 |
| Editing/Updating User Account | the process of changing or modifying the user type or user role. Each type has specific access rights and privileges. The change or modification becomes possible if a certain user account needs to access the system in accordance with his/her role new user role. Editing/Updating includes any changes in the user's profile and location (office/PRO/ Branch/LHIO). | | |

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| Electronic Claim Status Verification (CSV) | 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 |
| Electronic Claims Submission (ECS) | 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 |
| Electronic submission | 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 |
| Emergency Room Logbook | 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 |
| Employed Member | 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 | 2003-07-11 |
| Employee | 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 |
| Engagement | 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 |
| Enrollment | 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 |
| Equipment | refers to tangible properties that are used in the operations of a business whether classified as semi-expendable items or Property, Plant and Equipment (PPE). | | |
| Escalation Rate | refers to change in percentage for the price level of goods and services associated with an asset. | | |
| Estimated Useful Life (EUL) | refers to the estimated period of time (years) for which a property is anticipated to be useful assuming normal utilization. | | |
| Expanded Modified Direct Payment Scheme | refers to the payment procedure whereby the Modified Disbursement System – government servicing banks shall pay the creditor/payee listed in the List of Due and Demandable Accounts Payable (LDDAP) not later than 48 hours but not earlier than 24 hours upon receipt of the said document from the NGA/OU, thru: <ul style="list-style-type: none"> • Direct credit to the creditor’s current/savings/ATM account maintained with MDS-GSB. • Bank transfer, if the creditor’s account is maintained outside the agency’s MDS-GSB, where the corresponding bank charges shall be borne/paid by the creditor/payee concerned. | | |
| Expanded Primary Care Benefit Health Care Institution (EPCB HCI) | refers to any accredited health facility providing services under the Expanded Primary Care Benefit Package. | | |
| Expanded Primary Care System (eXPS) | a web-based offline application which will be used by the EPCB HCI to capture assessment and consultation date. It generates XML file to be uploaded by the LHIO through the UPCM Uploader Utility. It has a utility where the list of assigned EPCB eligible beneficiaries can be viewed, accessed or uploaded. | | |
| Expenditures Needing Clearance | expenses for P/P/As which will be needing clearance and approval from the Management before release of funds. | | |

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| Extending Period of Confinement | “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 |
| Fabrication or Possession of Fabricated Forms and Supporting Documents | 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 |
| Facility visits | 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 |
| Fair Market Value | refers to the price that real estate property would sell for on the open market. | | |
| Fair Rental Value | refers to the fair market value of the property while rented out on lease. | | |
| Family | 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 |
| Family confinement | “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 |
| Feedback Mechanism | “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 |
| Fee-for-service | 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 |
| Field Validation | is the process of verifying the monitoring findings through facility and/or domiciliary visits whenever necessary. | P.C. No. 031-2014 | 2014-11-21 |
| Filing of Multiple Claims | 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 |
| Filipinos With Dual Citizenship | Filipinos who are also citizens of other countries. | IRR of NHIA of 2013 (Section 4) | 2013-06-19 |
| Financial Expense | this represents management supervision/trusteeship fees, interest expenses, guarantee fees, bank charges, commitment fees, collection fees and other financial charges. | | |
| Financial Records | refers to records created and maintained by the agency about their financial transactions and obligations. | | |
| Financial Risk Protection (FRP) | protection of the population from high and unexpected cost of illness. | P.C. No. 031-2014 | 2014-11-21 |
| First case rate | 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 |
| Fixed co-pay | 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 |

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| Gender and Development (GAD) | refers to the development perspective and process that is participatory and empowering, equitable, sustainable, free from violence, respectful of human rights, supportive of self-determination and actualization of human potentials. | | |
| General Appropriations Act (GAA) | one of the most important legislations that Congress annually passes. It defines the annual expenditure program of the national government and all of its instrumentalities. The expenditure program includes all programs and projects that are supposed to be funded out of government funds for the year. | | |
| Global Budget | 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 |
| Good Payment Standing | 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 |
| Government employed health care professional | "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 |
| Government Employee | 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 |
| Group IHCPs | 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 |
| Hard Copy Document | is the physical copy of a document. | | |
| Health Care Institution | 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 |
| Health Care Professional | 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 |

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| Health Care Providers | <p>"refers to:</p> <ol style="list-style-type: none"> 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 |
| Health Center and/or Rural Health Unit | 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 |
| Health Information Technology Provider (HITP) | 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 |
| Health Maintenance Organization | 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 |
| Health Screening / Assessment | a procedure whereby the physician reviews a patient's medical history, examines the patient and makes recommendations as to care and treatment. | | |
| Health System Provider | 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 |
| Human Resource Information System (HRIS) | is an application system purposely designed to support the information and business requirements of the Human Resources. | | |
| i-CARES PhilHealth CARES | (Customer Assistance, Relations and Empowerment Staff) Inquiry | O.O. No. 0138 s-2012 | 2012-11-08 |
| Identification | 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 |
| i-Group Partner | 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 | |
| Incident Reviews | is an evaluation of incident response used to identify and correct weakness, as well as determine strengths and promulgate them. | | |
| Indicative/Baseline Budget | budgetary ceiling within which the cost centers shall have flexibility to allocate funds for specific items vis-a-vis work plans, subject to established budget parameters. | | |

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| Indigent | 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 |
| Informal Sector | 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 |
| Information processing facilities | physical location or area where processing of system, services or infrastructure are located/housed (e.g. servers, application systems, internet service, data centers, etc.) | | |
| Information Security Requirements | describes the functional and non-functional requirements that need to be satisfied in order to achieve the security attributes of an IT system. | | |
| Information System | is the collection of technical and human resources that provide the storage, computing, distribution and communication for the information required by all or some part of an enterprise. | | |
| Information System Strategic Plan (ISSP) | refers to an agency-wide plan that contains its overall strategy which involves medium term (3-5 year plan) planning for its ICT thrusts, strategies and programs for development. It is written expression of how an organization intends to use ICT to support its data processing its data processing and decision-making processes. | | |
| Initial Accreditation | 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 |
| Initial Engagement | 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 |
| Innovation Site | any site identified by the Corporation where the PCB2 Package will be initially implemented. | P.C. No. 017 s-2014 | 2014-07-23 |
| Inspection | is conducted to observe the physical condition of the property to be disposed. An ocular inspection is a COA requirement to have a first-hand observation of the conditions of the property. | | |
| Interlocal Health Zone (ILHZ) | 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 |
| International Accrediting Organizations (IAOs) | 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 |
| Invalid Year of Births | 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 |
| IT Outsourcing | the use of external service providers to effectively deliver IT-enabled business process, application and service and infrastructure solutions for business outcomes. | | |
| Junk/ Scrap Value | the price of scrap, junk metal or lumber prevailing in the local market. | | |
| Late Payment | premium payments made beyond the deadline established by the Corporation. | O.O. No. 48 s-2008 | 2008-07-08 |
| Late Remittance | PhilHealth premium contribution remitted after the prescribed period as determined by the Corporation. | IRR of the NHIA of 2013 (Section 3) | 2013-06-19 |
| Lease | refers to a contract arrangement that covers the renting of PhilHealth-owned real property for a fixed term. | | |

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| Legacy Systems | are old application systems that were locally developed and still being used to fulfill the current corporate business needs. | | |
| Lessee | refers to a private/government entity that upholds the specific obligations as stipulated in the lease agreement and by law. Lessee also refers to a tenant. | | |
| Lessor | refers to the PhilHealth Board for the purpose of this Corporate Order. | | |
| Lifetime Member | <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"> 1. Retirees/ Pensioners from the Government Sector <ol style="list-style-type: none"> 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. ii. GSIS Disability Pensioners prior to March 4, 1995. 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. 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. 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. 2. Retirees/ Pensioners from the Private Sector <ol style="list-style-type: none"> i. SSS Pensioners prior to March 4, 1995. ii. SSS Permanent Total Disability Pensioners prior to March 4, 1995. 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. 3. Uniformed Members of the AFP, PNP, BJMP and BFP <ol style="list-style-type: none"> 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. 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. 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 | IRR of the NHIA of 2013 (Section 5) | 2013-06-19 |
| List of Due and Demandable Accounts Payable (LDDAP) | refers to an accountable form reflecting the names of creditors/payees to be paid by the NGA/OU and the corresponding amount of their unpaid claims, duly certified and approved by the heads of the accounting unit and the agency or authorized officials. | | |
| Maintenance and Other Expense (MOOE) | class of expenses which are essential to support the daily operation of the Corporation. | | |
| Mandatory services | 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 |

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| Maternity Care Package (MCP) | 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 |
| Means Test | 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 |
| Mechanism for Feedback | 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 |
| Medical Audit | 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 |
| Medical case rate | 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 |
| Medical Consultation | a procedure whereby the physician reviews a patient's medical history, examines the patient and makes recommendations as to care and treatment. | | |
| Medical Outpatient Clinic | 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 |
| Medical Validation | 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 |
| Member | 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 |
| Member Information | 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 |
| Members Declared as Dependent | 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 |
| Membership Empowerment (ME) Form | 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 |
| Migrant workers | 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 |

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| Minor | 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 |
| Modification | refers to variation, change or alteration of the original description of the items and/or budget or project under the approved COB as a result of prioritization or management directives. | | |
| Multiple Assignment of PIN/ PEN | 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 |
| Multiple Declaration of Dependents | 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 |
| Multi-Year Obligation Authority (MYOA) | refers to an authority issued to an office to enter into multi-year contract for local projects. | | |
| National Expenditure Program (NEP) | contains the details of the government's proposed programs and is submitted by DBM to assist Congress in the review and deliberation of the proposed national budget for the legislation of the annual appropriations measures for the next fiscal year. | | |
| National Health Insurance Program (NHIP) | 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 |
| National Household Targeting System for Poverty Reduction (NHTS-PR) | a system of the Department of Social Welfare and Development (DSWD) which identifies the poor families to be subsidized by the national government for enrolment as Indigent Members to the National Health Insurance Program (NHIP). | | |
| Naturalized Filipino Citizens | 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 |
| New Enrollee | 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 |
| No Balance Billing (NBB) Policy | 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 |
| Non-compensable drugs | 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 |
| Non-critical data | with data elements which may not have a direct effect on the record of PhilHealth members. | | |
| Non-Disclosure Agreement | an agreement between the supplier and the customer, in which they recognize that their cooperation requires them to divulge some of their propriety information to each other, and in which each, agrees not to disclose any of the other's propriety information to anyone. | | |
| Non-health professional | 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 |
| Normal Spontaneous Delivery (NSD) Package | 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 |

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| Notice of Warning | 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 |
| Obligated service | 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 |
| Obligations | liabilities legally incurred and committed to be paid by the Corporation during or after the year when they are incurred. | | |
| Offense | 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 |
| Open Source | a means of developing and distributing software that ensures software is available for use, modification and redistribution by anyone. | | |
| Operational Users | users of CORE application systems that were locally developed and are still being used to fulfill the current business needs. | | |
| Organized group | 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 |
| Other Self-Earning Individuals | 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 |
| Other Services | 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 |
| Outcomes Assessment | 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 |
| Outpatient Clinic | 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 |
| Over-the-Counter Collection System (OTCCS) | an application system developed and designed to provide collecting officers in PhilHealth Offices a "point-of-sales" terminal for acknowledge and accepting Philhealth premium and other payments using PhilHealth Official Receipt (POR). | | |
| Overlapping payment | refers to payments made by the members as a result of shifting in membership category. | O.O. No. 48 s-2008 | 2008-07-08 |
| Overpayment | the payment of premium is more than the prescribed premium contribution established by the Corporation. | O.O. No. 48 s-2008 | 2008-07-08 |
| Overseas Filipino Worker (OFW) | 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 |
| Overwritten Data | 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 |

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| Participation | 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 |
| PAyapa at MASaganang PamayaNan (PAMANA) | is the national government's convergence program that extends development interventions to isolated, hard-to-reach and conflict-affected communities, ensuring that they are not left behind. | | |
| Password Resetting | the process of setting again the password of the Registered User. Resetting of password is required especially in a situation wherein user either forgets his/her password or he/she experiences or suspects a security breach that may have compromised the security of the password. | | |
| PCB Provider | refers to any health facility providing services under primary care benefit (PCB). | P.C. No. 010 s-2012 | 2012-03-14 |
| PCB2 client | 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 |
| PCB2 identifier | 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 |
| PCB2 provider | 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 |
| Peer Review | 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 |
| Pension | retirement benefit received monthly by AFP pensioners and from which PhilHealth premium shall be deducted. | P.C. No. 009 s-2012 | 2012-03-06 |
| Per Family Payment (PFP) | computed reimbursement for PCB providers based on enlisted/assigned and profiled/health assessed and screened members and dependents. | | |
| Performance Commitment | 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 |
| Performance Monitoring | 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 |
| Performance Monitoring Process | 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 |
| Personal Services (PS) | expense class for payment of salaries, allowances, other benefits and mandatory contributions. | | |
| Personally Identifiable Information (PII) | any piece of data that can be used on its own or in conjunction with another piece of information to identify a physical person. | | |
| PhilHealth Agents Receipt (PAR) Form | 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 |

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| PhilHealth AIMS or P-AIMS | 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 |
| PhilHealth Benefit Eligibility Form (PBEF) | 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 |
| PhilHealth Board | refers to the Board of Directors created under Republic Act No. 11223 which amended R.A. R.A. 7875 as amended by R.A. 9481 and R.A. 10606. | | |
| PhilHealth CARES Form 1 (PCF1) | 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 |
| PhilHealth Employer Number (PEN) | 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 |
| PhilHealth Employers Engagement Representative | 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 |
| PhilHealth Identification Card | 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 |
| PhilHealth Identification Number (PIN) | 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 |
| PhilHealth Office | 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 |
| PhilHealth Official Receipt (POR) | an accountable form exclusively used to acknowledge PhilHealth premium and other receipts due to PhilHealth. | | |
| PhilHealth Official Receipt (POR) Form | 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 |
| PhilHealth Online Access Form (POAF) | 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 |
| PhilHealth Premium Payment Slip (PPPS) | 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 |
| Philippine Health Insurance Corporation | 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 |

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| Philippine National Drug Formulary (PNDF) | 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 |
| Physical Resources | include all the tangible resources owned and used by a company such as land, manufacturing equipment, office equipment, IT equipment/ hardware, communication equipment, furniture and fixtures, library books and motor vehicles. | | |
| Planning and Budget Linkage | is the alignment of budget to the Corporate's strategies, plans and goals. This is to optimize the utilization of limited resources. It sets a common direction in the implementation and achievement of goals and objectives of the Corporation. Therefore, no budget shall be provided unless it is in harmonization of the plans, goals and strategies. | | |
| PMAIS Look Up | PhilHealth Members Account Information Systems (PMAIS) Inquiry. | O.O. No. 0138 s.2012 | 2012-11-08 |
| PMT-CARES | Project Management Team for CARES. | O.O. No. 0138 s.2012 | 2012-11-08 |
| Point of Service (POS) | refers to the program provided for by the GAA 2017 to cover all Filipinos, whether unregistered or inactive, registered members especially those who are financially incapable. | | |
| Poor families/individuals | are those whose income fall below the poverty threshold. | P.C. No. 21 s-2001 | 2001-06-21 |
| Positive monitoring findings | 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 |
| Post Exposure Prophylaxis | 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 |
| Poverty incidence | 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 |
| Poverty threshold | 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 |
| Pre-accreditation Survey (PAS) | 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 |
| Pre-Assigned PINs | 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 |
| Pre-authorization | 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 |
| Pre-benefit availment | is the process of assignment and generation of authorization transaction code prior to benefit availment. | | |

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| Pre-Contracting survey | 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 |
| Preferred Institutional Health Care Provider | 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 |
| Premium Contribution or Premium Payment | 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 |
| Primary Care Benefit 1 (PCB1) Package | 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 |
| Primary Care Facility | 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 |
| Private Employee | 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 |
| Procedure Case Rate | 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 |
| Profiling | 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 |
| Program Management Office | refers to identified cost centers in the Head Office where Programs Projects and Activities (P/P/As) are based are based on the Corporate Balance Scorecard and Office Level Scorecard such that plans and budgets for the ensuing year are to be cascaded to PROs. | | |
| Prospective adjustment | refers to the application of premium payment to the succeeding missed period (quarter) | O.O. No. 48 s-2008 | 2008-07-08 |
| Provider Data Record | 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 |
| Public information | refers to information available to the public. | P.C. No. 10 s-2010 | 2010-02-22 |
| Public Networks | a type of network wherein anyone, namely the general public has the access and through it can connect to other networks or to the internet. | | |

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| Public-Private Partnership | 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 |
| Qualified OG Members | 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 |
| Quality Assurance | 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 |
| Quality care | 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 |
| Quarterly | 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 |
| Questionable practice | 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 |

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| Re-Accreditation | <p>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:</p> <ol style="list-style-type: none"> 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 |
| Realignment | is a process of reallocation of amount /s within the COB to meet actual funding requirements as a result of unforeseen/significant developments or changes in the execution of corporate activities and other factors during the budget implementation. | | |
| Real Time Gross Settlement (RTGS) | a fund transfer where the transfer of money takes place from one bank to any other bank on a "real time" and on a "gross" basis. Settlement in "real time" means a payment transaction is not subjected to any waiting period, with transactions being settled as they are processed. | | |
| Receiving and Verification of Request | the procedure of receiving the Application Account Authorization Form (3AF), checking the same if entries are complete and thorough verification on the identity/ signature of the concerned personnel, per attached PhilHealth Company ID. This shall also include examination of dates indicated in the form further establish veracity of the request. | | |
| Recidivists | 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 |
| Red Flag | 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 |
| Reference Health Care Institution | 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 |
| Reference hospital | 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 |
| Referral Partner/Facility | 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 |

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| Registrant User | the person requesting for the creation of user account. He/she initiates the process of creation by accomplishing or filling-out the Application Account Authorization Form (3AF) to be approved by his/her Division Chief/Immediate Supervisor and Senior Manager/Regional Vice-President. | | |
| Registration | confirmation of electronic assignment through personal appearance of a PCB eligible member code prior to benefit availment. | | |
| Reinstatement of Accreditation | 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 |
| Renewal Accreditation | 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 |
| Request for Proposal (RFP) | a type of procurement used to request proposal from prospective sellers of products or services. | | |
| Retiree/Pensioner | 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 |
| Retiree-Member | 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 |
| Retroactive adjustment | refers to the application of premium payment to the immediately missed period (quarter). | O.O. No. 48 s-2008 | 2008-07-08 |
| RF-1 File | softcopy of the employer's monthly remittance report. | O.O. No. 04 s-2008 | 2009-01-21 |
| RF-2 File | softcopy of the daily bank abstract of collection report. | O.O. No. 42.s-2011 | 2011-09-23 |
| Rural Areas | 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 |
| Savings | portions or balances of appropriations in the COB which have not been obligated as a result of any of the following: <ul style="list-style-type: none"> • Salary lapses from vacant positions and/or unspent compensation due to incurrence of leave of absence without pay; • Completion, final discontinuance, or abandonment of a program, activity or project for which the appropriation is authorized; or • Implementation of measures resulting in improved systems and efficiencies and thus enabled the corporation to meet and deliver the required or planned targets, programs and services approved in the COB at a lesser cost. | | |
| Second Case Rate | 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 |
| Security Education, Training and Awareness (SETA) | is an educational program is designed to reduce the number of security breaches that occur program through a lack of employee security awareness. A SETA program sets the security tone for the employees of an organization, especially if it is made part of the employee orientation. Awareness program explain the employee's role in the area of Information Security. The sum of a security awareness effort is participation. | | |

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| Security Engineering | the process of incorporating security controls into the information system so that they become an integral part of the system's operational capabilities. | | |
| Semi-Annual | 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 |
| Senior Citizen or Elderly | 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 |
| Service delivery points | 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 |
| Service-Level Agreement (SLA) | documented agreement between the client and provider that identifies services and service targets, including prerequisites for service levels and measures for performance. | | |
| Software Package | complete and documented set of programs supplied to several users for a generic application or function. | | |
| Special Benefit Packages under the New Case Rates | these are benefits with predetermined fixed rate for each treated medical or surgical cases | P.C. No. 44 s-2012 | 2012-08-29 |
| Specialty Hospital | 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 |
| Sponsored Member | 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 |
| Statement of Accounts Payable 1 (SAP 1) | system generated PFP amount for assigned members in a specific applicable period. | | |
| Statement of Accounts Payable 2 (SAP 2) | system generated PFP amount for the remaining 40% subject to accomplishment of the four (4). | | |
| Sufficient Regularity of Premium Contribution | pattern characterized by consistent remittance of premium contribution. | IRR of National Health Act 2013 Section-3 | 2013-06-19 |
| Supplemental Budget | Additional appropriation authorized by law to augment the original appropriations which proved to be inadequate or insufficient for the particular purpose intended due to current economic, political or social conditions. | | |
| Surplus | 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 |
| Suspected diabetes mellitus | 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 |
| System Development Life Cycle (SDLC) | is a conceptual model used in project management that describes the stages on application system involved in an information system development. | | |
| Systematic Acute Respiratory Syndrome (SARS) | is a respiratory viral infection caused by a coronavirus-SARS CoV. | P.C. No.14 s-2006 | 2006-04-18 |
| Test Data | is the data that is used in tests of a software system. | | |
| Third Party Accreditation | 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 |
| Tier 1 | approved budget for the on-going/existing Programs/ Projects/Activities of the Cost Centers. | | |

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| Tier 2 | approved budget for new spending and expansion of on-going/existing Programs/Projects/Activities of the Cost Centers. | | |
| Toxic Materials/ Toxic Property | include obsolete supplies and materials that have become dangerous to use because of long storage or use of which are determined to be hazardous. | | |
| Transaction Count | number or count of payment transaction with one (1) issued PAR or ePAR for each transaction regardless of the number of members and/or employees included or covered for each payment transaction, as processed by the ACAs via OTC or electronic (online) payment system, in accordance with the CRA. | | |
| Transaction Fee-Based Arrangement | is a method of payment using a fixed rate fee as basis for the computation of the service fees for the collection and remittance of PhilHealth contribution. | | |
| Treasury Database | the database of all transacted/collected premium contributions made thru ACAs and PhilHealth. | | |
| Treasury Data Editing Module (TDEM) | an application system developed and designed to handle editing, as authorized and approved, of transaction details of payment transaction receipts of all PhilHealth Membership categories. | | |
| Transaction Reference Number | 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 |
| Transaction Reference Number | 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 |
| Transaction Reference Number | 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 |
| Transaction Reference Number | 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 |
| Treasury Look Up | Treasury Database Editing Module Inquiry | O.O. No. 0138 s.2012 | 2012-11-08 |
| Tsekap Provider | 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 |
| Unauthorized Activity | an activity that has no documented approval by the concerned third level officer. | O.O. No.128 s-2012 | 2012-10-15 |
| Underpayment | the payment of premium is less than the prescribed premium contribution established by the Corporation. | O.O. No. 48 s-2008 | 2008-07-08 |
| Universal Health Care (UHC) Act | an Act instituting universal health care for all Filipinos prescribing reforms in the Health Care System and appropriating funds therefore. | | |
| Unserviceable Properties | are government properties which are beyond repair and have no more utilization potentials therefore must be sold, transferred to another government agency or destroyed. These also refer to no longer needed supplies, materials, semi-expendable items, and Property, Plant & Equipment. | | |
| Upcoding or upcasing or diagnosis creeping or procedure creeping | 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 |
| Updated Primary Care Module (UPCM) Internal | a module developed by PhilHealth to automate the Per Family Payment (PFP) processing from assignment of PCB members to adjudication. This module can be accessed in the PhilHealth HCI portal. | | |

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| Urban Areas | 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 |
| Used Non-Records | urpose of these guidelines, these include used supplies and materials such as scratch papers, used envelopes, folders, logbooks, cartons, empty ink cartridges, old newspapers phone directories and other items considered as wastes including items which result from the consumption or utilization of expendable materials, among others. | | |
| User Account | account consists of both user name and password that allows access to the system. User account is a collection of data associated with a particular user of a multiuser computer system. Each account comprises a user name and password, and defines security access levels, disk storage space, etc. A user's account allows a user to authenticate to system services and be granted authorization to access them; however, authentication does not imply authorization. To log in to an account, a user is typically required to authenticate oneself with a password or other credentials for the purposes of accounting, security, logging, and resource management. | | |
| User Authentication | a process that allows a device to verify the identity of someone who connects to a network resource. | | |
| User Role | user roles are crated for various job functions. The permission to perform certain operation are assigned to specific roles. Members of the staff (or other system users) are assigned particular roles and through those roles assignments acquire the computer permissions to perform particular computer-system functions. Since users are not assigned permissions directly, but only acquire them through their role (or roles), management of individual user rights become a matter of simply assigning appropriate roles to the user's account; this simplifies common operations, such as adding a user, or changing a user's department. | | |
| Utility | a service used by the public such as, electricity, water supply, sewage, heating/ventilation, air conditioning and gas supply. | | |
| Utilization Review | 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 |
| Valueless Records | refers to all record materials that have reached their prescribed retention periods and usefulness to the Corporation. These excludes library and museum materials, documented submitted for copyright, model, copies of documents preserved for reference and stocks of publications and processed documents. | | |
| Void PAR | pertains to the PhilHealth Agents Receipt (PAR) cancelled by the ACAs teller/cashier or by PhilHealth due to erroneous details, damage, lost or spoilage caused by fortuitous events or other similar reason requiring the cancellation thereof. | | |
| Vulnerability | is a weakness in the system or device that can be exploited to allow unauthorized access, elevation of privileges or denial of service. | | |

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| Work and Financial Plan (WFP) | is a document that defines the goals and targets of the Corporation direction, and determining the specific tasks and resources to achieve those targets. | | |
| XML file | is a mark-up language that defines a set of rules for encoding documents in a format that is both human-readable and machine-readable. | | |
| Z Benefits Information Tracking System (ZBITS) | 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 |