



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

CityState Centre, 709 Shaw Boulevard, Pasig City

Healthline 637-9999 www.philhealth.gov.ph

March 17, 2003

PhilHealth Circular

No. 14, s. - 2003
thy

TO : ALL ACCREDITED HEALTH CARE PROVIDERS, ACCREDITATION AND CLAIMS PROCESSING DEPARTMENTS - NATIONAL CAPITAL REGION, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED

SUBJECT : DIALYSIS PACKAGE FOR PHILHEALTH-ACCREDITED FREE-STANDING DIALYSIS CLINICS

As provided for by *PhilHealth Board Resolution No. 532 series of 2003*, free standing dialysis centers shall be accredited as institutional health care providers of the National Health Insurance Program (NHIP) in order to provide better access to quality dialysis services. The following are the implementing guidelines for the accreditation and payment scheme for these facilities:

PROVIDERS

The providers of outpatient dialysis services are free-standing dialysis clinics duly accredited by PhilHealth based on the standards and guidelines developed by the Corporation.

(See attached Specific Accreditation Requirements)

BENEFIT

1. Free-standing dialysis clinics are deemed analogous to secondary hospitals and they shall be given the same benefit limits of catastrophic cases in these hospitals.

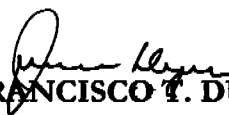
Benefit Item*	Free-standing Dialysis Clinics
Drugs and Medicines	Php 8,000
X-ray, Laboratory & Supplies	Php 4,000
Dialysis Room fee	Php 2,160

**Per single period of confinement or 90 days*

2. Within 90 days from the initial dialysis session or the single period of confinement, the member or dependent may only avail up to the above benefit limits. However, once this period elapses or after the 90th day, another set of benefit limits as described above will be made available.
3. Room and board charges shall not be covered. However, each use of the freestanding dialysis clinics shall be considered as one-day charged to the 45-day annual benefit limit. As long as the 45-day annual benefit limit has not been exhausted, a new set of benefit limits will be made available after a single period of confinement lapses.
4. Only drugs, medicines and supplies used on the day of the dialysis shall be reimbursed. However, official receipts of these items with purchase dates 7 days from date of the dialysis shall still be reimbursed.
5. Only laboratory, ancillary and surgical procedures performed on the day of the procedures that are considered necessary shall be covered.
6. Payment for the dialysis room shall be reimbursed as OR fee based on the RVU of the procedure. The OR fee shall be compensated 670 pesos/session and shall not exceed 2,160 pesos per single period of confinement.
7. Payment for professional fee of the surgeon shall be based on the RVU of the procedure and the existing Peso Conversion Factor (PCF).
8. All claim application of accredited free-standing dialysis clinic shall also be covered by the rules on ICD-10.

The herein above rules shall take effect for freestanding dialysis clinics starting April 1, 2003. All other rules and guidelines not contrary hereto shall remain in full force and effect.

For your guidance.


FRANCISCO T. DUQUE III, MD, MSc
President and CEO

SPECIFIC ACCREDITATION REQUIREMENTS FOR DIALYSIS CLINICS

1. It must be licensed by the Department of Health.
2. It must be in operation for at least three years prior to accreditation.
3. It must comply at all times with the rules and regulations covering the licensure and regulation of dialysis clinics consistent with E.O. 119, which states that the Department of Health has the power "to regulate the operation of and issue licenses and permits to government and private clinics and dispensaries and other such establishments which by nature of their functions are required to be regulated by the Department".
4. It must have a Certificate of Acknowledgement of existence of Dialysis Clinic by the Philippine Society of Nephrology.
5. It must have an ongoing Quality Assurance Program.
6. Payment of an accreditation fee is P2,000.00.

ACCREDITATION STANDARDS FOR DIALYSIS CLINICS

• STRUCTURE

I. Personnel

A. Medical Staff

1. Head
 - 1.1 Must be a Diplomate of the Philippine Society of Nephrology Specialty Board (PSNSB)
 - 1.2 Must be accredited with PhilHealth
 - 1.3 Must be a member of the National Health Insurance Program

2. Other Medical Staff
 - 2.1 Duty physicians must have completed prescribed years of training from an accredited Internal Medicine training program
 - 2.2 Attending and referring physician must be Philippine Society of Nephrology Specialty Board (PSNSB) certified
 - 2.3 Must be accredited with PhilHealth
 - 2.4 Must be members of the National Health Insurance Program
 - 2.5 At least one should be a member of the medical staff of a tertiary hospital in the locality to facilitate referral of complications that may arise from the dialysis procedure
 - 2.6 If the above is not possible, the clinic should have a memorandum of agreement with tertiary hospital for complications that may arise from the dialysis procedure. Ambulance service should be readily available for the transport of the patients.

B. Other Staff

1. Head Nurse
 - 1.1 Must be certified by the Renal Nurses Association of the Philippines (ReNAP)
 - 1.2 Must attend one postgraduate course on dialysis per year or equivalent seminars in dialysis
 - 1.3 Completed and certified IV therapy nurse
 - 1.4 Licensed and with experience in hospital/ clinical work for one year
2. Other Nursing Staff
 - 2.1 Certified by ReNAP
 - 2.2 Completed and certified IV therapy nurse
 - 2.3 Attends updates related to nursing staff's duty
 - 2.4 Licensed and with experience in hospital/ clinical work for one year
 - 2.5 Nurse patient ratio 1:4
3. Medical technicians
 - 3.1 Must have a certificate of dialysis training and at least one-year experience in same field
4. Midwives or nursing attendants
 - 4.1 Must have finished a one-year course in nursing aide or attendant with two years college studies
5. Machine Technician
6. Administrative personnel
7. Utility man

II. Physical Plant

A. Administrative Service

1. Lobby
 - 1.1 Information counter/ admitting room
 - 1.2 Communication area
 - 1.3 Waiting area
 - 1.4 Toilet facilities
2. Cashier/ billing
 - 2.1 Finance/ budget auditor
 - 2.2 Toilet facilities

B. Dialysis Service Complex

1. Dialysis room with air conditioning unit
 - 1.1 Separate spaces for Hepatitis B and Hepatitis C patients
 - 1.2 Separate space for reprocessing
 - 1.2.1 For Hepatitis B dialysis patients
 - 1.2.2 For Hepatitis C dialysis patients
 - 1.2.3 For regular patients
2. Nursing area
3. Lavatory
4. Sterile instrument supply and storage area
5. Sub-sterilizing room
6. Toilet facility
7. Receiving and releasing area
8. Central sterilization and supply room
9. Sterilizing and work area
10. Sterile supply storage area

III. Facilities

A. Water Treatment System

1. Quality of water treatment system should include the following facilities:
 - 1.1 Multi-media
 - 1.2 Water softener
 - 1.3 Carbon filter
 - 1.4 Reverse osmosis system
 - 1.4 Deionizer and ultraviolet sterilization (optional)
2. Monitoring requirements:
 - 2.1 Chemical- prior to every licensing by DOH
 - 2.2 Bacteriologic- to be checked quarterly and after cluster incidents
3. Treated water follows the Association of Advancement of Medical Instrumentation (AAMI) recommendations:
 - 3.1 RO water to prepare dialysate, reprocessing and rinsing, dialyzer disinfectant (less than 200 colonies/cc)
 - 3.2 Dialysate water (less than 2,000 colonies/cc)

IV. Equipment/ Instruments/ Supplies/ Vehicles

1. Dialysis machine
 - 1.1. Machine should not be older than 10 years
 - 1.2. Ratio of machines to population: one (1) machine for every 7-8 patients
 - 1.3. Availability of bicarbonate dialysis and biocompatible membranes
 - 1.4. Dedicated machines for Hepatitis B patients
 - 1.5. Dedicated machines for Hepatitis C patients (optional)
 - 1.6. Back-up machines:
 - 1.6.1 One (1) back-up machine for every 15 machines
 - 1.6.2 One (1) back-up machine for Hepatitis B patient
 - 1.7. Separate reprocessing machine and/or manual reprocessing
 - 1.7.1 For regular patients
 - 1.7.2 for Hepatitis B dialysis patients
 - 1.7.3 for Hepatitis C dialysis patients
2. Stethoscope
3. Sphygmomanometer with stand
4. Examining light
5. Oxygen unit with gauge
6. Minor surgical instrument set
7. Instrument table
8. Treatment table
9. Patients bed(s) with guard rails
10. E cart with emergency medicines
 - 10.1. Dopamine IV infusion
 - 10.2. Isosorbide dinitrate tablets
 - 10.3. Diazepam (tablets and IV)
 - 10.4. Hydrocortisone IV
 - 10.5. Diphenhydramine maleate 50mg/amp
 - 10.6. Sodium chloride 20% in 50cc polyampule
 - 10.7. D₅₀W 50cc vial

- 10.8. Parenteral antihypertensive medications
- 10.9. Others

- 11. Goose neck lamp
- 12. Stand-by rechargeable light
- 13. Ambu bag
- 14. Sterilizer
- 15. ECG machine
- 16. Suction machine
- 17. Cardiac monitor
- 18. Defibrillator
- 19. Stretcher
- 20. Wheelchair
- 22. Acceptable disinfectants for re-use procedures:
 - 22.1. Formalin (4%)
 - 22.2. Peracetic Acid (Hydrogen peroxide = Acetic Acid)
- 21. Others:
 - 21.1. Standby generator
 - 21.2. Fire extinguisher
 - 21.3. Transport vehicle for patient's use (ambulance) or a contract with providers of such ambulance services

V. Records

- 1. Dialysis charts
 - 1.1 Standing order for hemodialysis
 - 1.2 Physician's order
 - 1.3 Patient's monitoring sheet
 - 1.4 Standing order for medications
 - 1.5 Tabulation of laboratories
 - 1.6 Complications during dialysis
 - 1.7 Confinements and corresponding dates and hospital

- 2. Logbooks
 - 2.1 for complications related to hemodialysis procedure
 - 2.2 for complications related to vascular access
 - 2.3 for complications related to disease process
 - 2.4 for dialysis adequacy of each patient
 - 2.5 for outcomes

• **PROCESS**

- 1. Universal precaution should be strictly observed

- 2. Patient Monitoring (long term)
 - 2.1 Monthly chemistries to include:
 - 2.1.1 Complete Blood Count
 - 2.1.2 Blood Urea Nitrogen
 - 2.1.3 Serum Creatinine
 - 2.1.4 Ionized Calcium
 - 2.1.5 Inorganic Phosphorus

- 2.2 Serum Albumin to assess nutrition every two (2) months
 - 2.3 Hepatitis B and Hepatitis C every 6 months (determination for non-B, non-C patients)
 - 2.4 Monthly Urea Reduction Ratio and/ or KTV for Dialysis Adequacy
 - 2.5 Lipid profile every 6 months
3. Dialysis Clinic Monitoring
- 3.1 The clinic should have policies on:
 - 3.1.1 Procedures
 - 3.1.2 Management of Complications during Hemodialysis
 - 3.1.2.1 Hypotension
 - 3.1.2.2 Chills
 - 3.1.2.3 Chest pains
 - 3.1.2.4 Others
 - 3.2 There should be a monthly in-house seminar for non-physician personnel staff
4. There should be a Preventive Maintenance Program for machines and water treatment system
5. The clinic shall follow the prescribed Standards and Guidelines of Care as adapted from the American Nephrology Nurses Association Universal Hemodialysis Guideline for Care