

TAMANG SAGOT
PhilHealth Circular 18,s.2014

Subject: “PD First” Z Benefits: The Z Benefits for end-stage Renal Disease requiring Peritoneal
Dialysis

1. What is PD First Z benefit package?

A first time Z benefit package on peritoneal dialysis available for end stage renal disease patients (ESRD) providing financial risk protection, accessibility and quality care that is at par with current standards of renal replacement therapy

2. What are the mandatory services and supplies that are covered by the PD First Z Benefits?

a. PD supplies as follows:

1. PD solutions

- PD double bag system 2.0 liters
- Dextrose concentrations: 1.5%, 2.25% or its equivalent and 4.25%
- Calcium content: Low calcium (1.25mmol/L) or regular calcium (1.75 mmol/L)

2. PD Accessories

- Transfer set – changed every 6 months
- Caps (i.e. disconnect cap, minicap)

b. Professional fees

3. Who can avail of the PD First Z benefits?

The PD First Z Benefits may be availed by patients who have fulfilled the selections criteria enumerated below and whose applications for pre-authorization, as filed by the contracted PD providers, are approved by the head of the PhilHealth Regional Office- Benefits Administration Section. The following are the selections criteria for the PD First Z Benefits:

- Must have properly placed permanent Tenckhoff Peritoneal Dialysis Catheter
- Completed PD initiation in contracted PD provider, such that patient is:
 - a. no longer uremic
 - b. stable vital signs
 - c. adequately trained to perform PD at home
- Aged at least 10 years old
- Diagnosed to have ESRD requiring renal replacement therapy
- No previous history of cancer other than a successfully and completely treated cutaneous squamous cell or basal cell carcinoma or carcinoma in situ of the cervix, within the past 5 years
- HIV negative

- No mental incapacity such that informed consent cannot be made or that would interfere with the patient's ability to comply with the PD prescription
- With informed consent from parents or guardian for pediatric patients
- No current severe illness including congestive heart failure Class IV, liver cirrhosis (findings of small liver with coarse granular/heterogenous echo pattern with signs of portal hypertension) and chronic lung disease requiring oxygen
- No hemiparalysis and leg amputation because of peripheral vascular disease
- No history of substance abuse for at least 3 months prior to start of chronic dialysis treatment
- No disease of the abdominal wall, such as injury or surgery, burns, hernia, extensive dermatitis involving the abdomen
- No inflammatory bowel diseases (ex. Crohns' disease, ulcerative colitis or diverticulitis)
- No intra-abdominal tumors or intestinal obstruction
- Absence of active serositis
- No known or suspected allergy to PD solutions

5. What are the rules in availing the PD First Z benefits:

- a. Patient with ESRD must fulfil the selections criteria (refer to no.3);
- b. All patients with ESRD who qualify must be enrolled in this program;
- c. Patients must be eligible;
- d. Patients must have approved Pre-authorization Checklist and Request;
- e. Member Empowerment Form (ME Form) is required;
- f. NBB policy shall be applied to sponsored patients at all times;
- g. Fixed co-pay for non-sponsored members shall not exceed 11%;
- h. Mandatory monthly follow up of patients;
- i. Regular house visits to be conducted by PD providers;
- j. PD solutions given under the PD First shall never be sold by patients;
- k. All mandatory services & supplies shall be given according to current standards of practice to ensure adequate dialysis;
- l. PD providers to have electronic medical records (Z Benefits Information and Tracking System or ZBITS);
- m. All patients shall be issued a PD Passport;
- n. Professional fees (PF) are inclusive of the package rate;
- o. Rules on pooling of PF apply to government hospitals;
- p. Only 5 days is deducted from the 45 days annual benefit limit
- q. Hospital confinements shall be covered under other applicable benefits (ex. Case rates);
- r. Coordination with reference health care institution (HCI) & among contracted PD providers shall be required for operational & administrative purposes (patient referrals, clearance, patient tracking, pooled procurement of PD solutions, PD trainings, regular audits, etc.);
- s. All patients 50 years & above are eligible to avail pneumococcal vaccination (as stated in PhilHealth Circular No. 7 s. 2014).

6. What are excluded from the package?

- a. Change of transfer set due to contamination
- b. Y set (i.e. Andy disc)
- c. Use of cyclor for automated peritoneal dialysis
- d. 5-Liter bag PD solutions

7. Where can patients avail of the PD First Z benefits?

At present, the PD First Z benefits may be availed at the National Kidney and Transplant Institute. Other future contracted HCIs are the following:

- a. Las Pinas General Satellite & Trauma Hospital
- b. Philippine General Hospital
- c. Tondo Medical Center
- d. Quirino Memorial Medical Center
- e. Amang Rodriguez Medical Center
- f. Rizal Medical Center

8. How much is the package rate?

The package rate is P270,000 per patient per year for complete and adequate dialysis. This shall be given to the PD provider in tranches, i.e., Php 10,384.60 per tranche

9. When must the claims be filed?

Filing of claims is within 60 days after every 14th day of PD exchanges. Refer to Table 1 for sample schedule of filing claims.

Table 1. Sample schedule of filing claims for the *PD First Z Benefits*

Visit to PD Provider	Date	Period Covered	Period to file claim
1st	July 31, 2014	Aug 1 to 14, 2014	Aug 15 to Oct 13, 2014
2nd	Aug 14, 2014	Aug 15 to 28, 2014	Aug 29 to Oct 27, 2014
3rd	Aug 28, 2014	Aug 29 to Sep 11, 2014	Sep 12 to Nov 10, 2014
Etc.	Etc.	Etc.	Etc.

10. How are claims for the PD First Z Benefits filed?

- a. For the initial claim, the required documents are:
- Claim Form 1 or PBEF & Claim Form 2
 - Approved Pre-Authorization Checklist and Request
 - Accomplished ME Form
 - PD First Z Benefits Checklist of Services Provided
 - Tranche Requirements Checklist
- b. For succeeding claims filing, the following are submitted:
- CF2
 - PD First Z Benefits Checklist of Services Provided
 - Tranche Requirements Checklist

11. Z Satisfaction Questionnaire

PhilHealth shall randomly administer the Z Satisfaction Questionnaire to the PD patient once a year.

12. What are the requirements for a patient to transfer to another PD provider?

- a. PD patients who wish to transfer to another PD provider shall express their intention by accomplishing the Letter of Intent for transfer of PD care to a Referral PD provider (Annex “G” of PC 18 s. 2014) in triplicate.

Patients shall submit this letter to their referring PD provider, to the referral PD provider and to the Head of the Benefits Administration Section of the PhilHealth Regional Office whose jurisdiction is within the referring PD provider as proof of their intention to transfer.

- c. The PD patients who shall transfer to other contracted PD Providers are required to have a Checklist for Patient Transfer (Annex “M” of PC 18 s. 2014) properly accomplished by their referring contracted PD Provider to be submitted to the referral PD provider.

- d. The referral PD provider should be notified in advance within a reasonable period by the referring PD provider of the plans to transfer a PD patient

The PD Passport (Annex “F” of PC 18 s. 2014) shall likewise be required for referrals to other contracted PD Providers to give information as to the record of PD exchanges and the number of bags of PD solutions issued to the patient;

13. When is the Effectivity Date of the PD First Z Benefits?

All approved Pre-authorizations starting July 30, 2014.