

# Tamang Sagot

## PhilHealth Circular No. 028s-2015

### The Z Benefits for Colon & Rectum Cancers

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#### 1. What is the Z benefit for Colon & Rectum cancer?

- A first time Z benefit package for colon and rectum cancer patients providing state of the art treatment for early stage up to stage III that can increase the survival rate from the disease

#### 2. Minimum standards of Care for Z benefits for colon and rectum cancers are the mandatory services that must be provided to all patients enrolled under the Z benefits program in all contracted HCIs required by PhilHealth. This shall cover the entire course of treatment for the management of colon and rectum cancers stages I to III.

#### 3. Minimum standards of care and selections criteria inclusion for:

##### A. Colon Cancer

1. Clinical and TNM Staging from stage I to III (Clinically T1-T4, N0-2, M0)
2. Pre-operative physical risk classification  
ASA I – normal health patient **OR**  
ASA II – patient with mild systemic disease
3. ECOG Performance Status
4. Mandatory and other services ( procedures, diagnostics, medicines & others)  
(See Table 1 of the Circular)

##### B. Rectum Cancer

1. Biopsy proven rectum cancer stages I to III (clinically T1-4, N0-2, M0)
2. No previous pelvic radiation
3. Pre-operative physical risk protection  
ASA I – normal health patient **OR**  
ASA II – patient with mild systemic disease
4. ECOG Performance Status
5. Mandatory and other services ( procedures, diagnostics, medicines & others)  
(See Tables 6, 7, 8 of the Circular)

#### 4. Rules for the Z benefits for Colon & Rectum Cancers:

- a. Contracted HCIs should assess all their colon & rectum cancer patients for qualification for the Z Benefits. All HCIs must have a multi-disciplinary-interdisciplinary team (MDT) prior to provision of services.
- b. In the absence of colorectal surgeon, a surgical oncologist or a general surgeon with **completed training in total mesorectal excision (TME)** may be considered as member of the MDT.

- c. Contracted HCIs shall required to designate at least one (1) Z Benefits Coordinator
- d. All patients who qualifies must be enrolled in this program
- e. PhilHealth members and their qualified dependents must be eligible and fulfil the selections criteria indicated in the Circular
- f. Must have approved Pre-authorization; and shall be valid for 60 calendar days
- g. Member Empowerment Form (ME Form) is required
- h. NBB policy shall be applied at all times
- i. Fixed co-pay shall applied and not exceed the package rate
- j. Professional fees shall be 20% of the package rate
- k. Rules on pooling of PF applies to gov't hospitals
- l. Only 5 days is deducted from the 45 days benefit limit
- m. Hospital confinements secondary to other conditions or co-morbidities not related to primary condition of colon and rectum cancers shall be covered under applicable benefits (ex. Case rates)
- n. Contracted HCIs are required to have an electronic medical record (EMR)- Contents of this record shall be set by PhilHealth in collaboration with experts in colon and rectum cancers and pertinent stakeholders
- o. **WEEKLY** portal films or electronic portals are required for standard radiotherapy while **DAILY** portal films or electronic portals are required for the short course radiotherapy
- p. Contracted HCIs for the Z Benefits for colon and rectum cancers shall comply with the quality standards and indicators set by PhilHealth. These quality standards and indicators shall be reviewed and shall have a bearing on the renewal of future contracts with PhilHealth.
- q. A yearly Outcomes Report Form shall be submitted by contracted HCIs
- r. Contracted HCIs shall ensure availability of medicines and supplies needed for their patients at all times
- s. Contracted HCIs shall submit to PhilHealth the “List of Quality Indicators for the Z Benefits for Colon and Rectum Cancers” for all deaths and lost to follow up patients
- t. Coordination and collaboration with reference hospital and among contracted HCIs for colon and rectum cancers shall be required for operational and administrative purposes (Px referrals, clearance, px tracking, pooled procurement of meds and supplies, trainings, regular audits, etc.)
- u. All patients 50 and above are eligible to avail pneumococcal vaccination (PC 7s.2014)

**5. Where can patients avail of Z benefits for Colon & Rectum Cancers?**

|                                |                           |
|--------------------------------|---------------------------|
| UP-Philippine General Hospital | as the Reference Hospital |
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**Note: Capable hospitals shall be contracted for the provision of specialized care for the colon-rectum CA Z Benefits**

6. When to file claims? How much per tranche?

| Colon Cancer  | Tranche | Amount       | Filing Schedule  |
|---|---------|--------------|--|
| Stage I to II (low risk)  | 1       | P 150,000.00 | Within 60 calendar days after discharge from surgery           |
| Stage II to III (high risk)   | 1       | P 150,000.00 | Within 60 calendar days after discharge from surgery           |
|   | 2       | P 150,000.00 | Within 60 calendar days after the last cycle of chemotherapy   |
| Rectum Cancer   | Tranche | Amount       | Filing Schedule  |
| Stage I (Clinical and pathologic)   | 1       | P 150,000.00 | Within 60 calendar days after discharge from surgery           |
| Stage II-III (Clinical & Pathologic)<br><br>Pre-operative clinical stage I but with post operative pathologic stage II-III ( <b>using linear accelerator</b> as mode of radiotherapy) | 1       | P 100,000.00 | Within 60 calendar days after completion of chemo-radiotherapy |
|   | 2       | P 150,000.00 | Within 60 calendar days after discharge from surgery           |
|   | 3       | P 150,000.00 | Within 60 calendar days after the last cycle of radiotherapy   |
| Stage II-III (Clinical & Pathologic)<br><br>Pre-operative clinical stage I but with post operative pathologic stage II-III ( <b>using cobalt</b> as mode of radiotherapy)             | 1       | P 150,000.00 | Within 60 calendar days after discharge from surgery           |
|   | 2       | P 20,000.00  | Within 60 calendar days after completion of radiotherapy       |
|   | 3       | P 150,000.00 | Within 60 calendar days after the last cycle of radiotherapy   |

## 7. Claims Filing and Reimbursement

1. Contracted HCIs shall file claims according to existing policies of PhilHealth
2. All claims shall be filed by the contracted HCIs in behalf of the patients. There shall be no direct filing by the member.
3. For the initial claim, attachments are:
  - Transmittal form
  - Photocopy of approved Pre-authorization Checklist and Request
  - PBEF print out
  - Claim Form 2
  - Checklist of Mandatory services and other services
  - Photocopy of ME Form
  - Photocopy of Z satisfaction questionnaire
  - Tranche Requirements Checklist
4. And for the succeeding Claims:
  - Transmittal form
  - CF2
  - Checklist of Mandatory services and other services
  - Photocopy of Z satisfaction questionnaire
  - Tranche Requirements Checklist
5. Photocopy of the final pathologic report for rectum cancer with pre-operative clinical stage I but with pathologic stage II-III shall be attached when filing claim for the 1<sup>st</sup> tranche
6. Photocopy of completely accomplished Colon and Rectum Cancer Medical Records Summary Form for all deaths and lost to follow up patients
7. Sworn declaration for all lost to follow up patients
8. **Z Satisfaction Questionnaire** shall be administered to all Z patients prior to patient discharge. These shall be validated during field monitoring and as a basis for benefits enhancements, policy research and quality improvement purposes.
9. Rules for late filing shall apply
10. An extension of 60 calendar days is given to HCIs due to delay in the claims filing brought about by natural calamities or fortuitous event.

## 8. When is the Effectivity Date?

The effectivity date is on October 15, 2015