



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 022 - 2015

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS (HCPs), PHILHEALTH REGIONAL OFFICES (PROs), AND ALL OTHERS CONCERNED

SUBJECT : New PhilHealth Dialysis Package

I. RATIONALE

Medical conditions that make renal replacement therapy indispensable to one's daily survival are extremely debilitating, can impoverish even the most affluent, and can become unbearable to those who are already wallowing in it. In the end, it is the society as a whole that will have the duty to bear the financial, social and physical burden brought about by these catastrophic illnesses.

A sustainable solution to this complex problem has always been the direction of the Corporation which included preventive measures focusing on identifying the highly vulnerable and mitigating the damages of unhealthy lifestyle to the renal system. These have been incorporated in the different policies and benefit packages even during the earliest years of PhilHealth's existence. Consultations with different stakeholders recognize the fact that the prevailing case rate amount for hemodialysis more than enough to cover for each session in the majority of cases. It has also been noted on record that altruistic health care institutions unilaterally extend their services to the PhilHealth members on hemodialysis beyond the forty five (45) day limit because of the adequacy of the package.

The benefits for renal replacement therapies which included kidney transplant and peritoneal dialysis have undergone modifications in the past under different programs of the Corporation which resulted in higher package amounts. To make the approach more comprehensive and in harmony with the aforementioned modifications, this shall now include those patients undergoing renal replacement therapy under the All Case Rates policy. This shall essentially increase the possible maximum coverage for hemodialysis sessions from forty five (45) to ninety (90) days a year. And for peritoneal dialysis, the increase shall be from a maximum of two hundred seventy (270) days to three hundred sixty (360) a year.

II. SCOPE AND COVERAGE

1. This policy shall cover End Stage Renal Disease (ESRD) patients who are undergoing Renal Replacement Therapy (RRT) both Peritoneal Dialysis and Hemodialysis under the case rate payment mechanism.
2. It shall cover members and their dependents as defined in Section V, Rule I, Title III of the Revised IRR of the National Health Insurance Act of 2013 (RA 7875 as amended by RA 9241 and 10606).

MASTER DOCUMENT
DC: [Signature]
Date: [Signature]

- The PhilHealth Dialysis Database (PDD) for patients undergoing renal replacement therapy shall be institutionalized.

III. GUIDELINES

A. New Package Rate and Package Inclusions

- PERITONEAL DIALYSIS (RVS code 90945)**

The new package rate for peritoneal dialysis (PD) shall be Php 2,600 and shall be equivalent to four (4) days of PD exchanges regardless of the number of exchanges per day.

Total Case Rate	HCI Fee	Professional Fee
Php 2,600	Php 2,250	Php 350

- HEMODIALYSIS (RVS code 90935)**

The new package rate for hemodialysis shall be Php2,600. The distribution shall be as follows:

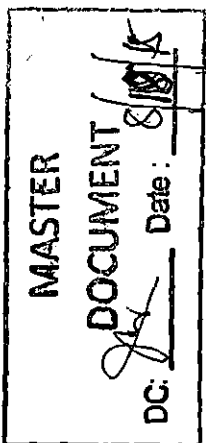
Total Case Rate	HCI Fee	Professional Fee
Php 2,600	Php 2,250	Php 350

- The package inclusions shall be:

Type of RRT	Package Inclusions
Peritoneal Dialysis	PD fluids, PD supplies, disinfection cap and Professional Fee
Hemodialysis	Facility and dialysis machine use, drugs and medicines, (0.9% sodium chloride, heparin, bicarbonate or acetate hemodialysis solution, e-cart drugs), supplies and others (fistula kits, blood tubing set, dialyzer (low flux), syringe, and gauze) and Professional Fee.

B. Maximum Availment of Ninety (90) Sessions per Calendar Year for Dialysis Procedures

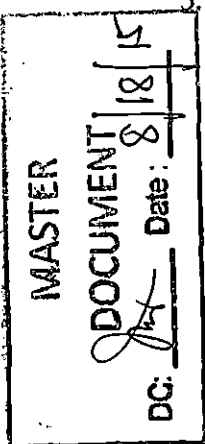
- The regular benefit limit of forty five (45) days for the principal member and another forty five (45) days shared by all qualified dependents per calendar year (i.e., January-December) shall still be observed.
- The additional outpatient dialysis sessions after the exhaustion of the regular 45 days benefit limit shall be derived from the unused benefit allotted for the principal member (if the patient is a dependent) or the allotted 45 days shared by all the dependents (if the patient is the principal member) within the calendar year.
- The additional dialysis sessions shall be used exclusively for outpatient hemodialysis and peritoneal dialysis. Inpatient confinements with or without dialysis shall not be covered by the additional dialysis sessions after exhaustion of the regular benefit limit of 45 days per calendar year.



4. One (1) session of hemodialysis is equivalent to one (1) day deduction while for four (4) days of peritoneal dialysis it is equivalent to one (1) day deduction.
5. Dialysis patient who is a principal member with no dependent/s shall be granted an automatic additional 45 sessions. In cases wherein the principal member and one of the dependents are both undergoing dialysis, they shall both share the maximum of 90 sessions only.
6. The tracking of the maximum availment of 90 days per calendar year shall be based on the patient who availed of the benefit per calendar year regardless of the change from being a dependent to a principal member, principal member to a dependent, and change to any membership category.
7. Any unused regular 45 days benefit and/or additional dialysis sessions within the calendar year shall not be carried over to the following or ensuing year.
8. This Circular shall not supersede the Php 270,000 per calendar year rate of the PD First Z Benefit Package.

IV. TRANSITORY PROVISIONS FOR THE REMAINING MONTHS OF 2015

1. PhilHealth members and/or dependents undergoing dialysis shall request for a certification of the benefit limit utilization for CY 2015 from the nearest PhilHealth local health insurance office (LHIO) or PhilHealth Regional Office (PRO). This shall reflect the number of days utilized by both principal member and dependent/s as of the date of inquiry or certification. This serves as a guide to the member and /or dependent on the remaining number of days of benefit. It shall also be the basis of the health care institutions in assessing eligibility of the patient to avail of more dialysis services.
2. Eligibility check (or PBEF) via HCI portal for the purpose of additional dialysis sessions shall temporarily be not applicable.
3. Outpatient dialysis sessions paid for (out of pocket) by principal members and/or qualified dependents after the exhaustion of the regular 45 days benefit on or after July 28, 2015 may be filed directly with PhilHealth and shall be paid at Php2,600 per session provided the following are met:
 - a. The claim is filed on or before December 31, 2015.
 - b. There are unused days from the 45 day benefit limit for the dependents (if the patient is the principal member) and for the principal member (if the patient is the dependent) or the automatic additional 45 dialysis sessions may apply (Section III.B.5 of this Circular).
 - c. Completely filled-out claim form 1 and claim form 2 are submitted.
 - d. Eligibility as to membership /dependency and with qualified premium contribution.
 - e. The dialysis session is on an outpatient basis.
 - f. The rules and requirements for direct filing are complied with.



V. PHILHEALTH DIALYSIS DATABASE

1. ESRD patients who are undergoing either Peritoneal Dialysis or Hemodialysis under the case rate payment mechanism shall be required to register with the PhilHealth Dialysis

Database (PDD) via the health care institutions that provide the procedure starting January 1, 2016.

2. The guidelines of the PDD shall be contained in a separate issuance.

VI. CLAIMS FILING and NO BALANCE BILLING POLICY

It is reiterated that the rules on No Balance Billing (NBB) Policy is not amended by this policy and shall still apply to those who qualify under the said program who would choose the standard care for dialysis. However, members or patients who would choose to undergo high-flux hemodialysis may be asked for a reasonable co-payment by the health care institution.

The usual claims process shall be followed when claiming this benefit package.

VII. MONITORING AND EVALUATION

The health care provider shall be subjected to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54, s-2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Care Provider Performance Assessment System (HCP PAS).

This Circular shall be reviewed annually and as necessary.

VIII. REPEALING CLAUSE

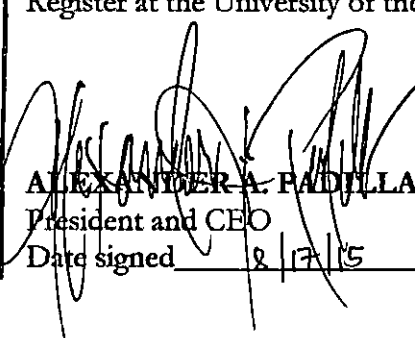
All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified or repealed accordingly.

IX. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unconstitutional or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

X. EFFECTIVITY

This Circular shall take effect for claims for admissions/dialysis sessions and shall be paid the amount of Php 2,600 starting July 28, 2015. This shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.


ALEXANDER A. PADILLA
President and CEO
Date signed 8/17/15

