



PHILHEALTH CIRCULAR

No. 028 - 2015

TO : ALL PHILHEALTH MEMBERS, ACCREDITED AND CONTRACTED HEALTH CARE INSTITUTIONS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED

SUBJECT : THE Z BENEFITS FOR COLON AND RECTUM CANCERS

I. BACKGROUND

Recent estimates indicate cancers of the colon and rectum combined rank 4th for both sexes, 3rd among males and 4th among females, in the Philippines. The incidence rates begin to rise steeply at age 50 years in both males and females.

The earlier the cancer is detected the better the survival rates; screening with fecal occult blood test and colonoscopy can detect early cancer as well as precancerous lesions. Once diagnosed with cancer, prompt and proper treatment must be done given specific cancer stage.

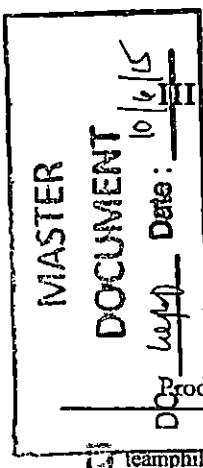
The Z Benefits will provide state of the art treatment for early stage up to stage III colon and rectum cancers that can up the survival rate from this disease. Surgery is the primary mode of treatment for colorectal cancer and can be curative in early stages. Chemotherapy is the primary mode of treatment after surgery in colon cancer; chemo-radiotherapy is used in rectum cancer prior to surgery for T3-4N0M0/any TN1-2M0. The treatment of colon and rectum cancers as in any cancer must be via a multidisciplinary team.

II. RATIONALE

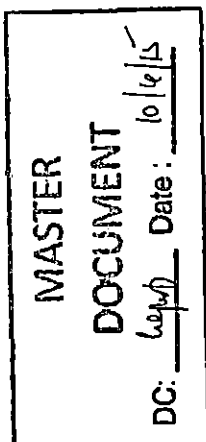
In the context of quality healthcare and continuous quality improvement, it is the goal of the Z Benefits to serve as rational intervention to standardize care and to improve the system of delivery of services for colon and rectum cancers in the country. Thus, PhilHealth, experts in colon and rectum cancers, contracted health care institutions (HCI) and all key stakeholders are partners in the development, implementation and future enhancements of the Z Benefits to achieve better health outcomes of patients with colorectal cancer in order for them to go back to society as productive citizens and to contribute to the economic growth of the country.

RULES FOR THE Z BENEFITS FOR COLON AND RECTUM CANCERS

1. Contracted HCIs should assess all their colon and rectum cancer patients for qualification to the Z benefits. If qualified, these patients should be enrolled in this program. Contracted HCIs shall be responsible for developing an efficient process for assessing colon and rectum cancer patients that is applicable in their own local setting;

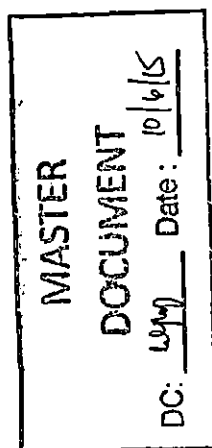


2. If diagnosis of colon and rectum cancers is confirmed, the patient should automatically be referred to the HCI's multidisciplinary-interdisciplinary team (MDT) for colon and rectum cancer composed of, at the minimum, a colorectal surgeon, a medical oncologist and a radio-oncologist, who discuss consensus management plan for the patient prior to provision of services;
3. In the absence of a colorectal surgeon in the contracted HCI, a surgical oncologist or a general surgeon with completed training in total mesorectal excision (TME) may be considered as member of the MDT. It is the responsibility and accountability of the contracted HCI to ensure that these surgeons are credentialed to manage patients with rectum cancer and shall be stipulated in the contract with PhilHealth;
4. In rectum cancer cases, MDT planning must be done prior to the commencement of any treatment. The MDT plan shall be attached to the Tranche 1 requirements for reimbursement;
5. MDT approach to patient care is a mandatory requirement in all Z Benefits and is a non-negotiable requirement that shall be an indicator for the renewal of all future contracts with PhilHealth. All contracted HCIs should practice MDT approach to colon and rectum cancer management regardless of patients' social classification (i.e. "pay" or "charity/service" category) in the contracted HCI;
6. Patients with diagnosis of colon and rectum cancer who fulfill the selections criteria (Parts V and VI of this Circular) shall be covered under the Z Benefits for colon and rectum cancers. The selections criteria are based on current standards validated by experts in colon and rectum cancers and are adopted by PhilHealth during benefits development. These standards are clinical in nature and are to be updated during regular policy review with stakeholders based on current evidence in the medical literature and data gathered during implementation;
7. Pre-authorization from PhilHealth based on the approved selections criteria shall be required prior to provision of services. All requests for pre-authorization shall be completely and properly accomplished by the contracted HCI by filling out the pre-authorization checklist and request (Annex "A") and submitted by a designated liaison of the contracted HCI to the Local Health Insurance Office (LHIO) or to the office of the Head of the PhilHealth Benefits Administration Section (BAS) in the region for approval;
8. The approved Pre-authorization Checklist and Request shall be valid for 60 calendar days from date of approval by PhilHealth. All contracted HCIs are responsible for tracking the validity of their approved pre-authorizations. Contracted HCIs shall inform PhilHealth and a new pre-authorization request and checklist should be submitted if services were not provided at the end of the validity period of the prior request;
9. While the submission of the pre-authorization request is manual, the pre-authorization checklist and request for the Z Benefits for colon and rectum cancers (Annex "A") and the properly accomplished Member Empowerment Form or ME Form (Annex "B") shall be submitted together. Once systems are automated, a

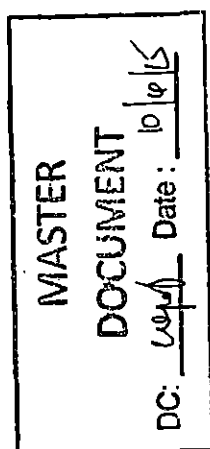


unique case number shall be generated for every pre-authorization request submitted;

10. The ME Form shall be accomplished together by the attending health care professional/s in the contracted HCI and the patient to be enrolled in the Z benefits for colon and rectum cancers. The ME Form aims to support patients to be active participants in health care decision-making by being educated and informed of their illness, all treatment options (including advantages and disadvantages of each treatment option) and support systems as well as their responsibilities in adhering to agreed treatment plans. Further, the ME Form aims to encourage the attending health care professionals in the contracted HCIs to dedicate adequate time to discuss with patients. The overall goal is to achieve better health outcomes and patient satisfaction;
11. PhilHealth members and their qualified dependents must be eligible to avail of PhilHealth benefits at the time of pre-authorization;
12. The minimum standards of care for the management of colon and rectum cancers under the Z benefits cover the entire course of treatment for colon and rectum cancer stages I to III. These are based on current standards of practice and may be updated as needed depending on valid medical evidence that is transferrable and applicable to the local setting. Updating of medical evidence shall be covered during regular policy reviews in collaboration with pertinent stakeholders;
13. The minimum standards of care for the Z Benefits for colon and rectum cancers are the mandatory services (Tables 1, 6, 7, 8) that must be provided to all patients enrolled under the Z benefits in all contracted HCIs that shall be required by PhilHealth;
14. Minimum outpatient diagnostics that are included as mandatory services and are needed for the diagnosis of colon and rectum cancers are colonoscopy and/or proctosigmoidoscopy, biopsy with histopathology, chest x-ray and abdominal ultrasound. Chest x-ray and abdominal ultrasound should be done at the most 60 calendar days before the date of submission to PhilHealth of the pre-authorization checklist and request. The contracted HCI shall reimburse to the patient the amount of the said diagnostic test/s done on outpatient once the first tranche payment from PhilHealth is received by the contracted HCI. The amount of these diagnostic tests shall be based on reference prices across all contracted HCIs for colon and rectum cancers. This rule excludes patients under the NBB policy where the HCI shall shoulder all the diagnostics;
15. Linear accelerator shall be the preferred mode for delivering radiotherapy procedure to patients with rectum cancer. Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits. All contracted HCIs shall exert effort to capacitate themselves to be able to provide linear accelerator services to their patients;



16. Weekly portal films or electronic portals are required for the standard course radiotherapy while daily portal films or electronic portals are required for the short course radiotherapy;
17. Contracted HCIs for the Z Benefits on colon and rectum cancers are required to have a medical record of all their patients, preferably as electronic medical record (EMR). For standardization, the contents of the medical record shall be set by PhilHealth in collaboration with experts in colon and rectum cancers and pertinent stakeholders. It should contain the necessary quality indicators that PhilHealth shall require for purposes of monitoring, policy research, and quality improvement, among others;
18. Quality standards and indicators (Annex "F") are established by PhilHealth in collaboration with clinical experts in colon and rectum cancers, Reference HCI, and other pertinent stakeholders. All contracted HCIs for the Z Benefits for colon and rectum cancers shall comply with these quality standards and indicators, which shall have a bearing on the renewal of all future contracts with PhilHealth. These quality standards and indicators shall be reviewed as needed based on current evidence and standards of practice;
19. A yearly Outcomes Report Form (Annex "Q") shall be submitted by Contracted HCIs;
20. Coordination and collaboration with the Reference HCI and among contracted HCIs for colon and rectum cancers shall be required for quality improvement and operational purposes, such as, but not limited to, pertinent trainings, regular patient audits, patient referrals, patient tracking, pooled procurement of medicines and supplies, etc;
21. The contracted HCIs shall ensure at all times the availability in their pharmacy of needed medicines and supplies for their patients and the proper inventory of these medicines and supplies in order to prevent stock-outs;
22. Patients enrolled in the Z Benefits for colon and rectum cancers shall be deducted a maximum of five (5) days from the 45 days annual benefit limit regardless of the actual length of stay in the contracted HCI in a calendar year. Such deductions shall be made on the current year when the pre-authorization is approved. In cases where the remaining annual benefit limit is less than five (5) days but at least one (1) day at the time of pre-authorization, the member shall remain eligible to avail of the Z Benefits, provided that premiums are updated. Contracted HCIs should remind these patients to regularly update premium contributions in order to continue availing PhilHealth benefits;
23. The No balance billing (NBB) policy shall be applicable as stipulated in PhilHealth Circular 3, series of 2014 (Strengthening the Implementation of the No Balance Billing Policy) and other related issuance. Negotiated co-pay shall be applied for eligible non-sponsored members and their qualified dependents. The co-pay scheme shall be reflected in the individual contracts and shall cover for additional services rendered by the contracted HCI in relation to the Z benefits for colon and rectum cancers;

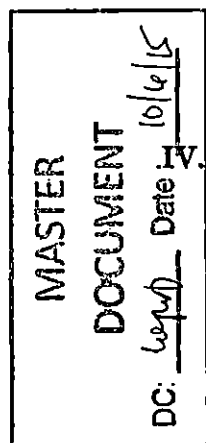


24. Hospital confinements secondary to other conditions or co-morbidities that are not related to the primary condition of colon and rectum cancers shall be covered under other applicable benefits of PhilHealth;
25. All claims for the Z Benefits for colon and rectum cancers shall be filed by the contracted HCI according to the schedules set by PhilHealth;
26. The filing of claims shall be done by the contracted HCI within 60 calendar days from the last day of the period covered specified in the tranche schedules in Tables 4, 5, 11, 12 and 13;
27. PhilHealth shall not deny payments for submitted claims with a final diagnosis of stage IV colon and rectum cancers, provided that the contracted HCI shall submit a Medical Records Summary Form (Annex "O"). These shall be part of routine data collected pertinent to the monitoring of clinical outcomes of care, policy research, and quality improvement purposes;
28. In cases when the patient expires anytime during the course of treatment or the patient is lost to follow-up, the payment schedule or the corresponding tranche for the specific treatment phase shall be released as long as the patient received the scheduled treatment. The remaining tranches shall not be paid;

"Lost to follow-up" means the patient has not come back as advised for immediate next treatment visit or within 12 weeks from last patient-attended clinic visit. Visiting the clinic for a treatment more than 12 weeks from advised scheduled treatment visit renders the patient "lost to follow-up."
29. Contracted HCI shall submit to PhilHealth a sworn declaration that a patient is expired or lost to follow-up when filing the claim for the specific treatment phase;
30. Contracted HCIs shall submit to PhilHealth the "List of Quality Indicators for the Z Benefits for Colon and Rectum Cancers" (Annex "F") for all deaths and lost to follow-up patients based on the medical records summary;
31. The professional fees under the Z Benefits for colon and rectum cancers shall be 20% of the package rate;
32. Rules on pooling of professional fees for government HCIs shall apply;
33. All rates are inclusive of government taxes;
34. All patients 50 years of age and above who are under the Z Benefits are eligible to avail of pneumococcal vaccination as stipulated in PhilHealth Circular 7, series of 2014 (Guidelines for the Oks ang Bakuna ko Laban sa Pulmonya) and other related issuances.

DESIGNATION OF THE Z BENEFITS COORDINATOR FOR COLON AND RECTUM CANCERS

Contracted HCIs shall be required to designate at least one (1) **Z Benefits Coordinator**, whose responsibilities may include, but are not limited to the following, as may be deemed necessary by the contracted HCI:



1. Provide guidance to Z patients by facilitating timely access to the services required for the Z Benefits. Guiding Z patients enrolled in the program aims to overcome healthcare barriers in the availment of the said benefits in order to ensure patient adherence to agreed treatment plans with the goal of achieving good clinical outcomes and ultimate patient satisfaction;
2. Coordinate with PhilHealth relevant matters pertinent to the Z Benefits availment of candidate patients such as filling out of forms and eligibility requirements prior to pre-authorization and to provide feedback and other inputs required by PhilHealth;
3. Encode the pertinent information (i.e. demographics, etc.) of all patients diagnosed with colon and rectum cancers, whether or not the patient fulfills the selections criteria for pre-authorization;
4. Encode pertinent data elements of all patients with approved Pre-authorizations in preparation for the Z Benefits Information and Tracking System (ZBITS) that shall be developed. The data elements shall be determined by PhilHealth, experts in colon and rectum cancers, Reference HCI and other stakeholders for purposes of quality improvement, policy research, and monitoring. Contracted HCIs are encouraged to train their respective Z Benefits coordinator/s;
5. Other duties and responsibilities that may be assigned by the contracted HCI such as ensuring completeness and accuracy of all attachments needed for pre-authorization, claims filing and reimbursement, that shall facilitate the implementation of the Z Benefits.

V. MINIMUM STANDARDS OF CARE, PACKAGE RATE, AND CRITERIA FOR INCLUSION IN THE Z BENEFITS FOR COLON CANCER

The following are the selections criteria for colon cancer:

1. Clinical and TNM Staging: Colon cancer from stages I to III (clinically T1-T4, N0-2, M0)
2. Pre-operative physical risk classification:
ASA I – normal healthy patient, OR
ASA II – patient with mild systemic disease
3. ECOG Performance Status
 - 0- Fully active, able to carry on all pre-disease performance without restriction, OR
 - 1- Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work, OR
 - 2- Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.

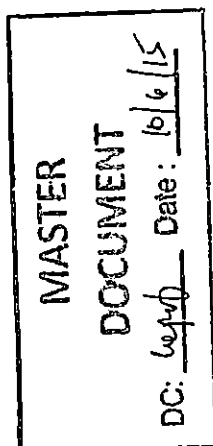


Table 1. Mandatory and other services for the Z benefits for colon cancer

Stage I to II (low risk)	Mandatory Services	Other Services
Procedures	Colonoscopy Histopathology Surgery (definitive)	Surgery for closure of colostomy/ileostomy, if needed
Diagnostics	CT scan of whole abdomen (preferably, triple contrast) Fasting blood sugar (FBS) Carcinoembryonic antigen (CEA), as baseline Complete blood count Blood typing Albumin Creatinine Chest x-ray (PA-L)	Chest CT ECG 2D echocardiogram CP clearance SGPT Prothrombin time Alkaline phosphatase CEA (for monitoring, as needed) SGPT (for monitoring, as needed) Creatinine (for monitoring, as needed)
Medicines		Antibiotics, as indicated Pain relievers, as indicated
Others		Blood support, such as cross- matching, screening, and processing, as needed
Stage II (high risk)* to III	Mandatory Services	Other Services
Procedures	Colonoscopy Histopathology Surgery (definitive)	Surgery for closure of colostomy/ileostomy, if needed
Diagnostics	CT scan of whole abdomen (preferably, triple contrast) Fasting blood sugar (FBS) Carcinoembryonic antigen (CEA), as baseline Complete blood count Blood typing Albumin Creatinine Chest x-ray (PA-L)	Chest CT ECG 2D echocardiogram CP clearance SGPT Prothrombin time Alkaline phosphatase Bilirubin CEAs (for monitoring, as needed) SGPT (for monitoring, as needed) Creatinine (for monitoring, as needed)
Medicines	Systemic chemotherapy with any of the following, as indicated: <ul style="list-style-type: none"> • Capecitabine-Oxaliplatin (CapeOX) • Capecitabine • Fluorouracil-Folinic acid- Oxaliplatin (FOLFOX4) • Fluorouracil-Folinic acid- Oxaliplatin (mFOLFOX 6) • Fluorouracil-Folinic acid (FU-FA) 	When indicated: Antiemetics Antibiotics Pain relievers
Others		Blood support, such as cross- matching, screening, and processing, as needed

* Colon cancer patients at high risk for systemic recurrence after colon resection are those with histological grade 3-4, lymphatic/ vascular invasion, and/or bowel obstruction.

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Table 2. Package code, ICD-10 code and the corresponding RVS codes for the Z benefits for colon cancer

Package Code	ICD-10 Code	RVS Codes
Z013	C18 (Malignant neoplasm of colon)	(Colectomy) 44140, 44141, 44143, 44144, 44145, 44146, 44150, 44151, 44152, 44153, 44155, 44156, 44160, 44310, 44320 (Laparoscopy) 44188, 44204, 44205, 44206 44207, 44208, 44210, 44212 (Closure of ileostomy/colostomy) 44620, 44625 (Chemotherapy) 96408

Table 3. Package rates for the entire course of treatment for colon cancer

Stage	Package Rate (Php)
I to II (low risk)	150,000
II (high risk)* to III	300,000

The mode of payment for this package shall be given in tranches with the corresponding amounts and filing schedule as follows:

Table 4. Package code and amount per tranche and filing schedule for colon cancer Stage I to II (low risk)

Package Code	Tranche	Amount (Php)	Filing Schedule
Z0131-A	1	150,000	Within 60 calendar days after discharge from surgery

Table 5. Package code and amount per tranche and filing schedule for colon cancer Stage II (high risk)* to III

Package Code	Tranche	Amount (Php)	Filing Schedule
Z0131-B	1	150,000	Within 60 calendar days after discharge from surgery
Z0132-B	2	150,000	Within 60 calendar days after the last cycle of chemotherapy

* Colon cancer patients at high risk for systemic recurrence after colon resection are those with histological grade 3-4, lymphatic/ vascular invasion, and/or bowel obstruction.

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VI. MINIMUM STANDARDS OF CARE, PACKAGE RATE, AND CRITERIA FOR INCLUSION IN THE Z BENEFITS FOR RECTUM CANCER

The following are the selections criteria for 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 classification:
ASA I – normal healthy patient, OR
ASA II – patient with mild systemic disease
4. ECOG Performance Status
 - 0- Fully active, able to carry on all pre-disease performance without restriction, OR
 - 1- Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work, OR
 - 2- Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.

Table 6. Mandatory and other services for the Z benefit for rectum cancer Stage I (Clinical and Pathologic Stage)

Stage I (Clinical and Pathologic Stage)	Mandatory Services	Other Services
Procedure	Colonoscopy Proctoscopy Histopathology Surgery (definitive)	Surgery for closure of colostomy/ileostomy, if needed
Diagnostics	Pelvic MRI or endorectal ultrasound CT scan of whole abdomen (preferably, triple contrast) Fasting blood sugar (FBS) Carcinoembryonic antigen (CEA), as baseline Complete blood count Blood typing Albumin Creatinine Chest x-ray (PA-L)	Chest CT ECG 2D echocardiogram CP clearance SGPT Prothrombin time Alkaline phosphatase Bilirubin CEA (for monitoring, as needed) SGPT (for monitoring, as needed) Creatinine (for monitoring, as needed)
Medicines		Antibiotics, as indicated Pain relievers, as indicated
Others		Blood support, such as cross- matching, screening, and processing, as needed

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Table 7. Mandatory and other services for the Z benefit for rectum cancer with pre-operative clinical stage I but with post-operative pathologic stage II - III

Pre-operative clinical stage I but with post-operative pathologic stage II - III	Mandatory Services	Other Services
Procedure	Colonoscopy Proctoscopy Histopathology Surgery (definitive)	Surgery for closure of colostomy/ileostomy, if needed
Diagnostics	Pelvic MRI or endorectal ultrasound CT scan of whole abdomen (preferably, triple contrast) Fasting blood sugar (FBS) Carcinoembryonic antigen (CEA), as baseline Complete blood count Blood typing Albumin Creatinine Chest x-ray (PA-L)	Chest CT ECG 2D echocardiogram CP clearance SGPT Prothrombin time Alkaline phosphatase Bilirubin CEA (for monitoring, as needed) SGPT (for monitoring, as needed) Creatinine (for monitoring, as needed)
Chemotherapy (adjuvant followed by radiotherapy or concurrent with radiotherapy followed by adjuvant chemotherapy)	Any of the following protocols: <ul style="list-style-type: none"> • Fluorouracil-Folinic acid (FU-FA) • Capecitabine • Capecitabine-Oxaliplatin (CapeOX) • Fluorouracil-Folinic acid-Oxaliplatin (FOLFOX 4) • Fluorouracil-Folinic acid-Oxaliplatin (mFOLFOX 6) 	
Radiotherapy (concurrent with chemotherapy)	Standard <ul style="list-style-type: none"> • Linear accelerator OR • Cobalt** 	
Other medicines		When indicated: Antiemetics Antibiotics Pain relievers
Others		Blood support, such as cross-matching, screening, and processing, as needed

** Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.

Table 8. Mandatory and other services for the Z benefit for rectum cancer clinical Stage II-III

Stage II to III	Mandatory Services	Other Services
Procedures	Colonoscopy Proctoscopy Histopathology Radiotherapy (preferably, linear accelerator) Surgery (definitive)	Surgery for diversion, if needed Surgery for closure of colostomy/ileostomy Biopsy Proctoscopy, as needed
Diagnostics	Pelvic MRI or endorectal ultrasound CT scan of whole abdomen (preferably, triple contrast) Fasting blood sugar (FBS) Carcinoembryonic antigen (CEA), as baseline Complete blood count Blood typing Albumin Creatinine Chest x-ray (PA-L)	CP Clearance 2D echocardiogram*** Pelvic CT SGPT Prothrombin time Alkaline phosphatase Bilirubin CEA (for monitoring, as needed) SGPT (for monitoring, as needed) Creatinine (for monitoring, as needed) Chest x-ray, as needed Chest CT ECG
Chemotherapy (concurrent with standard radiotherapy followed by adjuvant chemotherapy)	Any of the following protocols: <ul style="list-style-type: none"> Fluorouracil-Folinic acid (FU-FA) Capecitabine Capecitabine-Oxaliplatin (CapeOX) Fluorouracil-Folinic acid-Oxaliplatin (FOLFOX 4) Fluorouracil-Folinic acid-Oxaliplatin (mFOLFOX 6) 	
Radiotherapy (concurrent with chemotherapy for standard treatment only)	Standard or short course <ul style="list-style-type: none"> Linear accelerator OR Cobalt** 	
Other medicines		When indicated: Antiemetics Antibiotics Pain relievers
Others		Blood support, such as cross-matching, screening, and processing, as needed

** Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.

***2D echocardiogram may be done for patients who are clinically obstructed and will need surgery for diversion prior to neo-adjuvant chemo-radiotherapy

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Table 9. Package code, ICD-10 code and the corresponding RVS codes for the Z benefits for rectum cancer

Package Code	ICD-10 Code	RVS Codes
Z014	C19 (Malignant neoplasm of rectosigmoid junction)	(Proctectomy) 44145, 44146, 44147, 44152, 44153, 44155, 44156, 44310, 44320, 45110, 45111, 45112, 45113, 44114, 44116, 45123, 45160, 45170, 45190 (Diverting Ileostomy/Colostomy) 44310, 44320 (Laparoscopy) 44188, 44206, 44207, 44208, 44211, 44212, 45395, 45397, 44188 (Chemotherapy) 96408 (Radiotherapy) 77261, 77401

Table 10. Package rates for the entire course of treatment for rectum cancer

Stage	Package Rate (Php)
Stage I (clinical and pathologic)	150,000
Pre-operative clinical stage I but with post-operative pathologic stage II – III (using linear accelerator as mode of radiotherapy)	400,000
(using cobalt as mode of radiotherapy)	320,000
Clinical Stage II – III (using linear accelerator as mode of radiotherapy)	400,000
(using cobalt as mode of radiotherapy)	320,000

The mode of payment for this package shall be given in tranches with the corresponding amounts and filing schedule as follows:

Table 11. Package code and amount per tranche and filing schedule for rectum cancer stage I (clinical and pathologic)

Package Code	Tranche	Amount (Php)	Filing Schedule
Z0141-A	1	150,000	Within 60 calendar days after discharge from surgery

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In the minority of patients who are initially diagnosed to have rectum cancer, clinical stage I, who underwent surgery, with pathologic stage II - III post-operatively, chemo-radiotherapy followed by chemotherapy is indicated. Thus, tranche payments shall follow the filing schedule in Table 12.

Table 12. Package code and amount per tranche and filing schedule for rectum cancer with pre-operative clinical stage I but with post-operative pathologic stage of II - III:

Package Code	Tranche	Amount (Php)	Filing Schedule
Z0141-B	1	150,000	Within 60 calendar days after discharge from surgery
Z0142-B	2	100,000 (using linear accelerator) 20,000 (using cobalt**)	Within 60 calendar days after completion of chemo-radiotherapy
Z0143-B	3	150,000	Within 60 calendar days after the last cycle of chemotherapy

** Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.

Contracted HCIs are required to submit to PhilHealth a photocopy of the final pathologic report of these patients during the filing of the first tranche.

Table 13. Package code and amount per tranche and filing schedule for rectum cancer, clinical stage II - III

Package Code	Tranche	Amount (Php)	Filing Schedule
Z0141-C	1	100,000 (using linear accelerator) 20,000 (using cobalt**)	Within 60 calendar days after completion of chemo-radiotherapy
Z0142-C	2	150,000	Within 60 calendar days after discharge from surgery
Z0143-C	3	150,000	Within 60 calendar days after the last cycle of chemotherapy

VII. CLAIMS FILING AND REIMBURSEMENT

1. The 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 members;
3. The contracted HCI shall submit a claim application per completed tranche;
4. For the initial claim application (i.e. tranche 1), the following shall be attached:
 - a. Transmittal Form (Annex "H") of all claims for the Z Benefits for colon and rectum cancers for submission to PhilHealth, per claim or per batch of claims;
 - b. Photocopy of the approved Pre-authorization Checklist and Request;
 - c. Photocopy of the properly accomplished ME Form;

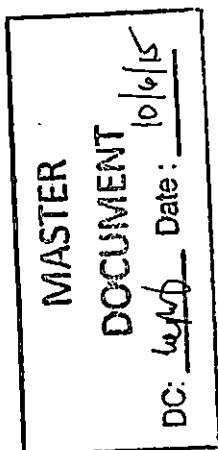
- d. PhilHealth Benefit Eligibility Form (PBEF) printout during the pre-authorization application.

A PBEF that says "YES" means that the patient is eligible. Submission of other documents such as Member Data Record (MDR), proof of contributions and PhilHealth Claim Form 1 (CF1) shall NOT be required;

A PBEF that says "NO" means that the patient MAY NOT be eligible. The HCI Portal shall provide the information for documents to be submitted to PhilHealth. These supporting documents shall be attached to the PBEF;

Except for cases covered by the above provision, submission of other documents such as proof of contribution, certificate of eligibility or PhilHealth CF1, in lieu of the PBEF, shall only be allowed in extreme circumstances and only upon the approval of PhilHealth.

- e. Properly accomplished Claim Form 2;
 - f. Checklist of Mandatory and Other Services (Annex "C") for the corresponding tranches;
 - g. Photocopy of completely accomplished Z Satisfaction Questionnaire (Annex "D");
 - h. Tranche Requirements Checklist (Annex "E");
5. For succeeding claims, the Transmittal Form, Claim Form 2, the Checklist of Mandatory and Other Services (Annex "C"), Photocopy of Z Satisfaction Questionnaire (Annex "D") and the Tranche Requirements Checklist for the Z Benefits (Annex "E") shall be submitted;
6. Photocopy of the final pathologic report when filing the claim for the 1st tranche for rectum cancer with pre-operative clinical stage I but with pathologic stage II - III;
7. Photocopy of the completely accomplished Colon and Rectum Cancer Medical Records Summary Form (Annex "O") for all deaths and lost to follow-up patients;
8. Sworn declaration for all deaths and lost to follow-up patients;
9. The Z Satisfaction Questionnaire (Annex "D") shall be administered to all Z patients prior to patient discharge from the contracted HCI. These are validated during field monitoring by PhilHealth and shall be used as basis of the Corporation for benefits enhancement, policy research and quality improvement purposes;
10. Rules on late filing shall apply;
11. If the delay in the filing of claims is due to natural calamities or other fortuitous events, the contracted HCI shall be accorded an extension period of 60 calendar days as stipulated in Section 47 of the Implementing Rules and Regulation (IRR) of the National Health Insurance Act of 2013 (Republic Act 7875, as amended by RA 9241 and RA 10606);



VIII. EFFECTIVITY

This circular shall take effect on October 15, 2015 and shall be published in a newspaper of national circulation and deposited thereafter at the National Administrative Register, University of the Philippines Law Center.

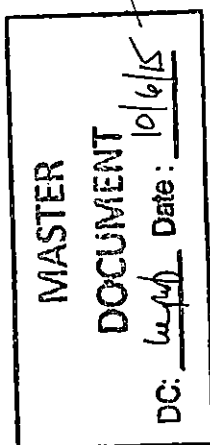
These Z Benefit for colon and rectum cancers shall be open to all capable HCIs following PhilHealth Circular 14, s. 2015 (Guidelines for Contracting of HCIs as Z Benefit Package Provider)

IX. ANNEXES (These annexes shall be uploaded in the PhilHealth website)

1. Pre-authorization checklist and request for the Z Benefits (Annex "A")
2. Member Empowerment Form or ME Form (Annex "B")
3. Z Benefits Checklist of Services Provided (Annex "C")
4. Z Satisfaction Questionnaire (Annex "D")
5. Tranche Requirements Checklist for the Z Benefits (Annex "E")
6. List of Quality Indicators for the Z Benefits for Colon and Rectum Cancers (Annex "F")
7. Pathway for the Z Benefits for colon and rectum cancers (Annex "G")
8. Transmittal Form (Annex "H")
9. Medical Records Summary Form (Annex "O")
10. Outcomes Report Form (Annex "Q")


ALEXANDER A. PADILLA
President and CEO

Date signed: 9/24/2015



SUBJECT : THE Z BENEFITS FOR COLON AND RECTUM CANCERS



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PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



Case No. _____

Annex A – “Colon CA”

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
Fulfilled selections criteria <input type="checkbox"/> Yes <i>If yes, proceed to pre-authorization application</i> <input type="checkbox"/> No <i>If no, HCI to specify reason/s and encode</i>

PRE-AUTHORIZATION CHECKLIST

Colon Cancer

Stages I to III (clinically T1-4, N0-2, M0)

Place a check mark (✓)

QUALIFICATIONS	Yes
Colon cancer stages I to III (clinically T1-4, N0-2, M0)	
No evidence of systemic metastasis from chest x-ray and abdominal ultrasound or CT scan of whole abdomen	

SITE OF CANCER (check applicable site)	
<input type="checkbox"/> cecum <input type="checkbox"/> ascending colon <input type="checkbox"/> hepatic flexure <input type="checkbox"/> transverse colon <input type="checkbox"/> splenic flexure <input type="checkbox"/> descending colon <input type="checkbox"/> sigmoid <input type="checkbox"/> for synchronous tumor, specify sites _____	
CLINICAL STAGE (Choose one stage)	
<input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III	

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PRE-AUTHORIZATION REQUEST
Colon Cancer

DATE OF REQUEST (mm/dd/yyyy):	
This is to request approval for provision of services under the Z benefit package for _____ in _____ (NAME OF PATIENT) (NAME OF HCI) under the terms and conditions as agreed for availment of the Z Benefit Package.	

The patient belongs to the following category (please tick appropriate box):	
<input type="checkbox"/> No Balance Billing (NBB) <input type="checkbox"/> Co-pay (indicate amount) Php _____	

Certified correct by: (Printed name and signature) Attending Surgeon	Certified correct by: (Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. _____	PhilHealth Accreditation No. _____

Conformed by: (Printed name and signature) Patient	Certified correct by: (Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief
	PhilHealth Accreditation No. _____

(For PhilHealth Use Only)

- ☐ APPROVED
☐ DISAPPROVED (State reason/s) _____

 (Printed name and signature)
 Head, Benefits Administration Section (BAS)

INITIAL APPLICATION			COMPLIANCE TO REQUIREMENTS		
Activity	Initial	Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (State reason/s)		
Received by LHIO/BAS:					
Endorsed to BAS (if received by LHIO):					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Activity	Initial	Date
Released to HCI:			Received by BAS:		
This pre-authorization is valid for sixty (60) calendar days from date of approval of request.			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
			Released to HCI:		

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Case No. _____

Annex "E1.1 – Colon CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE REQUIREMENTS CHECKLIST

Colon Cancer

Post-Surgery Stage I-II (Low Risk)

Single Tranche Payment	Please Check
1. Transmittal Form (Annex H)	
2. Tranche Requirements Checklist (Annex E1.1-Colon CA)	
3. Photocopy of approved Pre –Authorization Checklist & Request (Annex A-Colon CA)	
4. Photocopy of completely accomplished ME FORM (Annex B)	
5. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2	
6. Checklist of Mandatory and Other Services (Annex C1.1-Colon CA)	
7. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
8. Operative record	
9. Histopathology result after definitive surgery	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient
Date signed (mm/dd/yyyy)

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DC: 10/6/15 Date: 10/6/15



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Case No. _____

Annex "C1.1- Colon CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Colon Cancer

Post-Surgery, Stage I-II (Low Risk)

Single Tranche

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Histopathology	
3. Surgery (definitive)	
4. Surgery for closure of colostomy/ileostomy, if needed	
Diagnostics:	
1. CT scan of whole abdomen (preferably, triple contrast)	
2. Fasting blood sugar (FBS)	
3. Carcinoembryonic antigen (CEA), as baseline	
4. Complete blood count	
5. Blood typing	
6. Albumin	
7. Creatinine	
8. Chest x-ray (PA-L)	
9. Chest CT, as needed	
10. ECG, as needed	
11. CP clearance, as needed	
12. SGPT, as needed	

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MANDATORY AND OTHER SERVICES	Status
13. Prothrombin time, as needed	
14. Alkaline phosphatase, as needed	
15. CEA for monitoring, as needed	
16. SGPT for monitoring, as needed	
17. Creatinine for monitoring, as needed	
18. 2D echocardiogram, as needed	
Medicines, as indicated	
1. Antibiotics, specify	
2. Pain relievers, specify	
Others	
Blood support, as needed	

Certified correct by:		Certified correct by:	
(Printed name and signature) Attending Surgeon		(Printed name and signature) Attending Medical Oncologist	
PhilHealth Accreditation No.		PhilHealth Accreditation No.	
Date signed (mm/dd/yyyy)		Date signed (mm/dd/yyyy)	

Conforme by:
(Printed name and signature) Patient
Date signed (mm/dd/yyyy)

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 DC: 66161 Date: 10/6/15



Case No. _____

Annex "E1.2 – Colon CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE 1 REQUIREMENTS CHECKLIST

Colon Cancer

Post-Surgery Stage II (High Risk) - III

Tranche 1 of 2	Please Check
1. Transmittal Form (Annex H)	
2. Tranche 1 Requirements Checklist (Annex E1.2-Colon CA)	
3. Photocopy of Approved Pre –Authorization Checklist & Request (Annex A-Colon CA)	
4. Photocopy of Completely Accomplished ME FORM (Annex B)	
5. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2	
6. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
7. Checklist of Mandatory and Other Services (Annex C1.2-Colon CA)	
8. Operative record	
9. Histopathology result after definitive surgery	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:

(Printed name and signature)

Patient

Date signed (mm/dd/yyyy)

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Case No. _____

Annex "C1.2- Colon CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

**Colon Cancer
Post-Surgery Stage II (High Risk)-III**

Tranche 1 of 2

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES		Status
Procedure:		
1. Colonoscopy		
2. Histopathology		
3. Surgery (definitive)		
4. Surgery for closure of colostomy/ileostomy, if needed		
Diagnostics:		
5. CT scan of whole abdomen (preferably, triple contrast)		
6. Fasting blood sugar (FBS)		
7. Carcinoembryonic antigen (CEA), as baseline		
8. Complete blood count		
9. Blood typing		
10. Albumin		
11. Creatinine		
12. Chest x-ray (PA-L)		
13. Chest CT, as needed		
14. ECG, as needed		
15. CP clearance, as needed		
16. SGPT, as needed		

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MANDATORY AND OTHER SERVICES	Status
17. Prothrombin time, as needed	
18. Alkaline phosphatase, as needed	
19. Bilirubin, as needed	
20. CEA for monitoring, as needed	
21. SGPT for monitoring, as needed	
22. Creatinine for monitoring, as needed	
23. 2Dechocardiogram, as needed	
Medicines	
A. Antibiotics, specify (as indicated)	
B. Pain relievers, specify (as indicated)	
Others: Blood support, as needed	

Certified correct by:										Certified correct by:									
(Printed name and signature) Attending Surgeon										(Printed name and signature) Attending Medical Oncologist									
PhilHealth Accreditation No.										PhilHealth Accreditation No.									
Date signed (mm/dd/yyyy)										Date signed (mm/dd/yyyy)									

Conforme by:
(Printed name and signature) Patient
Date signed (mm/dd/yyyy)

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Conforme by:

Printed name and signature

				-								-	
--	--	--	--	---	--	--	--	--	--	--	--	---	--

Once approved, the contracted HCI shall print the approved pre-authorization form and have this signed by the patient, parent or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.

There is no need to attach laboratory results. However, these should be included in the patient's chart and may be checked during the field monitoring of the Z Benefits. Please do not leave any item blank.

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PRE-AUTHORIZATION REQUEST
Rectum Cancer

DATE OF REQUEST (mm/dd/yyyy):	
This is to request approval for provision of services under the Z benefit package for _____ in _____ (NAME OF PATIENT) (NAME OF HCI) under the terms and conditions as agreed for avilment of the Z Benefit Package.	
The patient belongs to the following category (please tick appropriate box): <input type="checkbox"/> No Balance Billing (NBB) <input type="checkbox"/> Co-pay (indicate amount) Php _____	
Certified correct by: _____ (Printed name and signature) Attending Surgeon PhilHealth Accreditation No. _____	Certified correct by: _____ (Printed name and signature) Attending Medical Oncologist PhilHealth Accreditation No. _____
Certified correct by: _____ (Printed name and signature) Radiation Oncologist PhilHealth Accreditation No. _____	Certified correct by: _____ (Printed name and signature) Executive Director/Chief of Hospital/ Medical Director/ Medical Center Chief PhilHealth Accreditation No. _____
Conforme by: _____ (Printed name and signature) Patient	

(For PhilHealth Use Only)

☐ APPROVED

☐ DISAPPROVED (State reason/s) _____

Noted by: _____

(Printed name and signature)
Head, Benefits Administration Section (BAS)

INITIAL APPLICATION			COMPLIANCE TO REQUIREMENTS		
Activity	Initial	Date			
Received by LHIO/BAS:			<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (State reason/s)		
Endorsed to BAS (if received by LHIO):					
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			Activity	Initial	Date
Released to HCI:			Received by BAS:		
This pre-authorization is valid for sixty (60) calendar days from date of approval of request.			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
			Released to HCI:		

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MANDATORY AND OTHER SERVICES	Status
14. Chest x-ray (PA-L)	
15. Chest CT, as needed	
16. ECG, as needed	
17. CP clearance, as needed	
18. SGPT, as needed	
19. Prothrombin time, as needed	
20. Alkaline phosphatase, as needed	
21. Bilirubin, as needed	
22. CEA for monitoring, as needed	
23. SGPT for monitoring, as needed	
24. Creatinine for monitoring, as needed	
25. 2DEchocardiogram, as needed	
Medicines, as indicated	
1. Antibiotics, specify	
2. Pain relievers, specify	
Others: Blood support, as needed	

Certified correct by:		Certified correct by:	
(Printed name and signature) Attending Surgeon		(Printed name and signature) Attending Medical Oncologist	
PhilHealth Accreditation No.		PhilHealth Accreditation No.	
Date signed (mm/dd/yyyy)		Date signed (mm/dd/yyyy)	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Radiation Oncologist		(Printed name and signature) Patient	
PhilHealth Accreditation No.		Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			

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Case No. _____

Annex "C1.2- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectum cancer pre-operative clinical stage I with post-operative pathologic stage II - III

Tranche 1 of 3

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Specify the following:

Clinical stage prior to initiation of treatment	cT:	N:	M:
Pathologic stage	pT:	N:	M:

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Proctoscopy	
3. Histopathology	
4. Surgery (definitive)	
5. Surgery for closure of colostomy/ileostomy, if needed	
Diagnostics:	
6. Pelvic MRI or endorectal ultrasound	
7. CT scan of whole abdomen (preferably, triple contrast)	
8. Fasting blood sugar (FBS)	
9. Carcinoembryonic antigen (CEA), as baseline	
10. Complete blood count	
11. Blood typing	
12. Albumin	
13. Creatinine	

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DC: Date:

MANDATORY AND OTHER SERVICES	Status
14. Chest x-ray (PA-L)	
15. Chest CT, as needed	
16. ECG, as needed	
17. CP clearance, as needed	
18. SGPT, as needed	
19. Prothrombin time, as needed	
20. Alkaline phosphatase, as needed	
21. Bilirubin, as needed	
22. CEA for monitoring, as needed	
23. SGPT for monitoring, as needed	
24. Creatinine for monitoring, as needed	
25. 2D echocardiogram, as needed	
Medicines, as indicated	
1. Antibiotics, specify	
2. Pain relievers, specify	
Others: Blood support, as needed	

Certified correct by:		Certified correct by:	
(Printed name and signature) Attending Surgeon		(Printed name and signature) Attending Medical Oncologist	
PhilHealth Accreditation No.	<input type="text"/>	PhilHealth Accreditation No.	<input type="text"/>
Date signed (mm/dd/yyyy)		Date signed (mm/dd/yyyy)	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Radiation Oncologist		(Printed name and signature) Patient	
PhilHealth Accreditation No.	<input type="text"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			

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Case No. _____

Annex "E2.2 – Rectum CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE 2 REQUIREMENTS CHECKLIST

Rectum cancer pre-operative clinical stage I with post-operative pathologic stage II - III

Tranche 2 of 3	Please Check
1. Transmittal Form (Annex H)	
2. Tranche Requirements Checklist (Annex E2.2-Rectum CA)	
3. Completed PhilHealth Claim Form 2	
4. Checklist of Mandatory and Other Services (Annex C2.2-Rectum CA)	
5. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
6. Photocopy of Radiation Treatment Summary	
7. Photocopy of Chemotherapy Treatment Summary	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Medical Oncologist	(Printed name and signature) Attending Radiation Oncologist
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Conforme by:
(Printed name and signature) Patient
Date signed (mm/dd/yyyy)

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DC: 444 Date: 10/6/15

As of September 2015

Page 1 of 1 of Annex E2.2 – Rectum CA



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Case No. _____

Annex "E3.2 – Rectum CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE 3 REQUIREMENTS CHECKLIST

Rectum cancer pre-operative clinical stage I with post-operative pathologic stage II – III

Tranche 3 of 3	Please Check
1. Transmittal Form (Annex H)	
2. Tranche Requirements Checklist (Annex E3.2-Rectum CA)	
3. Completed PhilHealth Claim Form 2	
4. Checklist of Mandatory and Other Services (Annex C3.2-Rectum CA)	
5. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
6. Photocopy of Chemotherapy Treatment Summary Form	
DATE COMPLETED :	
DATE FILED :	

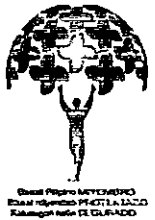
Certified correct by:	Conforme by:
(Printed name and signature) Attending Medical Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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DC: 10/6/15 Date: 10/6/15

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Page 1 of 1 of Annex E3.2 – Rectum CA



Case No. _____

Annex "C3.2- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES
Rectum cancer pre-operative clinical stage I with post-operative pathologic stage II - III

Tranche 3 of 3

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Proctoscopy, as indicated	
2. Surgery for closure of colostomy/ileostomy, if needed	
Diagnostics:	
1. Complete blood count	
2. Creatinine	
3. Chest x-ray, as needed	
4. Chest CT, as needed	
5. ECG, as needed	
6. Prothrombin time, as needed	
7. Alkaline phosphatase, as needed	
8. Bilirubin, as needed	
9. CEA for monitoring, as needed	
10. SGPT for monitoring, as needed	
11. Creatinine for monitoring, as needed	

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 DC: Wjh Date: 10/15/15

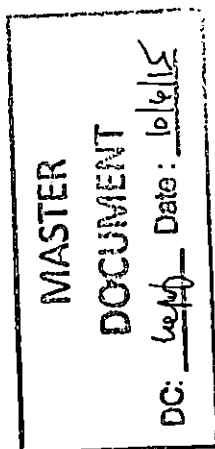
As of September 2015

Page 1 of 2 of Annex C3.2 – Rectum CA

MANDATORY AND OTHER SERVICES	Status
Medicines	
A. Any of the following protocols:	
1. Capecitabine-Oxaliplatin (CapeOX)	
2. Fluorouracil-Folinic acid-Oxaliplatin (FOLFOX 4)	
3. Fluorouracil-Folinic acid-Oxaliplatin (mFOLFOX 6)	
B. Antiemetics, specify (as indicated)	
C. Antibiotics, specify (as indicated)	
D. Pain relievers, specify (as indicated)	
Others: Blood support, as needed	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. <input type="text"/>	PhilHealth Accreditation No. <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Certified correct by:	Conforme by:
(Printed name and signature) Attending Radiation Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	





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Case No. _____

Annex "E1.3 – Rectum CA"

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TRANCHE 1 REQUIREMENTS CHECKLIST
Rectum cancer pre-treatment clinical stage II - III

Tranche 1 of 3	Please Check
1. Transmittal Form (Annex H)	
2. Tranche 1 Requirements Checklist (Annex E1.3-Rectum CA)	
3. Photocopy of Approved Pre –Authorization Checklist & Request (Annex A-Rectum CA)	
4. Photocopy of Completely Accomplished ME FORM (Annex B)	
5. Completed PhilHealth Claim Form (CF) 1 or PhilHealth Benefit Eligibility Form (PBEF) and CF 2	
6. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
7. Checklist of Mandatory and Other Services (Annex C1.3-Rectum CA)	
8. Multidisciplinary-interdisciplinary team (MDT) Plan	
9. Biopsy (after colonoscopy or proctoscopy)	
10. Copy of Radiation Treatment Summary Form	
11. Copy of Chemotherapy Treatment Summary Form	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Certified correct by:	Conforme by:
(Printed name and signature) Attending Radiation Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)
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As of September 2015

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Case No. _____

Annex "C1.3- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectum cancer pre-treatment clinical stage II - III

Tranche 1 of 3

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Specify the following:

Clinical stage prior to initiation of treatment	cT:	N:	M:
---	-----	----	----

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Colonoscopy	
2. Proctoscopy	
3. Biopsy (after colonoscopy or proctoscopy)	
4. Radiation (preferably, linear accelerator)	
5. Surgery for diversion, if needed	
Diagnostics:	
6. Pelvic MRI or endorectal ultrasound	
7. CT scan of whole abdomen (preferably, triple contrast)	
8. Fasting blood sugar (FBS)	
9. Carcinoembryonic antigen ¹ (CEA), as baseline	
10. Complete blood count	
11. Blood typing	
12. Albumin	
13. Creatinine	

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MANDATORY AND OTHER SERVICES	Status
14. Chest x-ray (PA-L)	
15. Pelvic CT, as needed	
16. ECG, as needed	
17. Chest CT, as needed	
18. CP clearance, as needed	
19. SGPT, as needed	
20. Prothrombin time, as needed	
21. Alkaline phosphatase, as needed	
22. Bilirubin, as needed	
23. CEA for monitoring, as needed	
24. SGPT for monitoring, as needed	
25. Creatinine for monitoring, as needed	
26. 2DEchocardiogram, as needed	
Medicines, as indicated	
A. Any of the following protocols:	
1. Fluorouracil-Folinic acid (FU-FA)	
2. Capecitabine	
B. Antiemetics, specify (as indicated)	
C. Antibiotics, specify (as indicated)	
D. Pain relievers, specify (as indicated)	
Radiotherapy Check 1:	
Type of Radiation <input type="checkbox"/> standard (concurrent with chemotherapy) <input type="checkbox"/> short course	
Type of Machine <input type="checkbox"/> linear accelerator <input type="checkbox"/> cobalt	
Weekly (for standard course) and daily (for short course) portal films or electronic portals	
Others: Blood support, as needed	

* Cobalt shall only be allowed for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No. <input type="text"/>	PhilHealth Accreditation No. <input type="text"/>
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)



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Case No. _____

Annex "E2.3 – Rectum CA"

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE 2 REQUIREMENTS CHECKLIST
Rectum cancer pre-treatment clinical stage II – III

Tranche 2 of 3	Please Check
1. Transmittal Form (Annex H)	
2. Tranche Requirements Checklist (Annex E2.3-Rectum CA)	
3. Completed PhilHealth Claim Form 2	
4. Checklist of Mandatory and Other Services (Annex C2.3-Rectum CA)	
5. Completed Z Satisfaction Questionnaire (Annex D)	
6. Operative Record	
7. Histopathology result after definitive surgery	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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DC: 644 Date: 10/15



Case No. _____

Annex "C2.3- Rectum CA"

CHECKLIST OF MANDATORY AND OTHER SERVICES

Rectum cancer pre-treatment clinical stage II - III

Tranche 2 of 3

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Place a (✓) if DONE or NA if not applicable in the status column.

MANDATORY AND OTHER SERVICES	Status
Procedure:	
1. Surgery (definitive)	
2. Proctoscopy, as indicated	
3. Biopsy, if needed	
Diagnostics:	
4. Complete blood count	
5. Albumin	
6. Creatinine	
7. Pelvic MRI or endorectal ultrasound, as needed	
8. CT scan of whole abdomen (preferably, triple contrast), as needed	
9. Chest CT, as needed	
10. ECG, as needed	
11. CP clearance, as needed	
12. SGPT, as needed	
13. Prothrombin time, as needed	
14. Alkaline phosphatase, as needed	
15. Bilirubin, as needed	

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Case No. _____

Annex "E3.3 – Rectum CA"

HEALTH CARE INSTITUTION (HCI)	
ADDRESS OF HCI	
PATIENT (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF PATIENT	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)	
PHILHEALTH ID NUMBER OF MEMBER	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

TRANCHE 3 REQUIREMENTS CHECKLIST
Rectum cancer pre-treatment clinical stage II – II

Tranche 3 of 3	Please Check
1. Transmittal Form (Annex H)	
2. Tranche Requirements Checklist (Annex E3.3-Rectum CA)	
3. Completed PhilHealth Claim Form 2	
4. Checklist of Mandatory and Other Services (Annex C3.3-Rectum CA)	
5. Photocopy of completed Z Satisfaction Questionnaire (Annex D)	
6. Photocopy of Chemotherapy Treatment Summary Form	
DATE COMPLETED :	
DATE FILED :	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Medical Oncologist	(Printed name and signature) Patient
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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Page 1 of 1 of Annex E3.3 – Rectum CA



Share your opinion with us!

Benefits

We would like to know how you feel about the services that pertain to the Z Benefit Package in order that we can improve and meet your needs. This survey will only take a few minutes. Please read the items carefully. If you need to clarify items or ask questions, you may approach your friendly health care provider or you may contact PhilHealth call center at 441-7442. Your responses will be kept confidential and anonymous.

For items 1 to 3, please tick on the appropriate box.

1. Z benefit package availed is for:

<input type="checkbox"/> Acute lymphoblastic leukemia <input type="checkbox"/> Breast cancer <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Kidney transplantation <input type="checkbox"/> Cervical cancer <input type="checkbox"/> Coronary artery bypass surgery	<input type="checkbox"/> Surgery for Tetralogy of Fallot <input type="checkbox"/> Surgery for ventricular septal defect <input type="checkbox"/> Fitting of external lower limb prosthesis <input type="checkbox"/> Orthopedic implants <input type="checkbox"/> PD First Z benefits <input type="checkbox"/> Colon-rectum cancer
---	--

2. Respondent's age is:

<input type="checkbox"/> 19 years old & below
<input type="checkbox"/> between 20 to 35
<input type="checkbox"/> between 36 to 45
<input type="checkbox"/> between 46 to 55
<input type="checkbox"/> between 56 to 65
<input type="checkbox"/> above 65 years old

3. Sex of respondent

<input type="checkbox"/> male
<input type="checkbox"/> female

For items 4 to 8, please select the one best response by ticking the appropriate box.

How would you rate the services received from the health care institution (HCI) in terms of availability of medicines or supplies needed for the treatment of your condition?

- ☐ adequate
☐ inadequate
☐ don't know

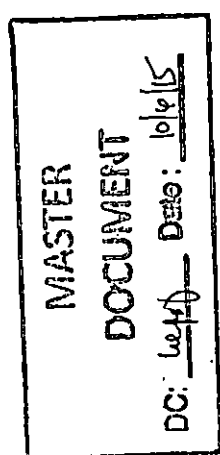
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5. How would you rate the patient's or family's involvement in the care in terms of patient empowerment? (You may refer to your Member Empowerment Form)
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
6. In general, how would you rate the health care professionals that provided the services for the Z benefit package in terms of doctor-patient relationship?
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
7. In your opinion, by how much has your HCl expenses been lessened by availing of the Z benefit package?
- ☐ less than half
 - ☐ by half
 - ☐ more than half
 - ☐ don't know
8. Overall patient satisfaction (PS mark) is:
- ☐ excellent
 - ☐ satisfactory
 - ☐ unsatisfactory
 - ☐ don't know
9. If you have other comments, please share them below:

Thank you. Your feedback is important to us!



List of Quality Indicators for the Z Benefits for Colon and Rectum Cancers

A. Structure

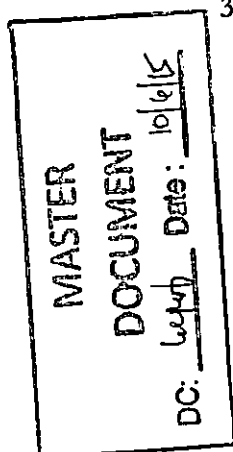
Tertiary government or private hospital with the following minimum requirements:

Infrastructure:

- a. major operating room
- b. surgery ward
- c. facilities for in and out-patient chemotherapy infusion
- d. pharmacy
- e. pathology laboratory with CEA and histopathology
- f. Cobalt or linear accelerator facilities
Linear accelerator shall be the preferred mode for delivering radiotherapy procedure to patients with rectum cancer. Cobalt shall be allowed only for the first two years of implementation in a contracted HCI after which linear accelerator shall be the primary mode for radiotherapy of rectum cancer under the Z benefits.
- g. conference room for multidisciplinary meeting
- h. multidisciplinary out-patient clinics
- i. endoscopy facilities (with at least 1 colonoscope, rigid proctoscope and endorectal ultrasound)
- j. radiology facilities, (with at least x-ray and CT scan, preferably with MRI)

Manpower

1. Medical Oncology
Completed a training program in Medical Oncology accredited by the Philippine Society of Medical Oncology, or in an internationally recognized medical oncology training institute
2. Radiation Oncology
 - a. Training program in Radiation Oncology accredited by the Philippine Radiation Oncology Society OR with at least 1 Radiation Oncology consultant who is a Fellow of the Philippine Radiation Oncology Society
 - b. Cobalt or linear accelerator facilities; OR with a formal referral process to a nearby radiation oncology facility
3. Surgery
 - a. Colon Cancer
 - i. Completed a training program in General Surgery accredited by the Philippine Society of General Surgeons
 - OR
 - ii. With at least 3 General Surgeon consultants who are Fellows of the Philippine Society of General Surgeons
 - b. Rectal Cancer
 - i. Completed a training program in Colorectal Surgery accredited by the Philippine Society of Colorectal Surgeons;
 - OR
 - ii. With at least 1 Colorectal Surgeon consultant who is a Fellow of the Philippine Society of Colorectal Surgeons;



OR

- iii. With at least 1 General Surgeon consultant who is BOTH a Fellow of the Philippine Society of General Surgeons AND certified to have officially completed the didactics and hands-on course on Total Mesorectal Excision Course given by the Philippine Society of Colorectal Surgery
4. Radiology consultants
5. Pathology consultants
6. Oncology nurse who is a certified member of the Philippine Oncology Nurses Association
7. Stoma nurse who is a certified member of the Enterostomal Nursing Association of the Philippines

B. Process

1. A regular multidisciplinary meeting must be held no fewer than twice a month, to be attended by consultants from surgery, medical oncology and radiation oncology.
2. All patients enrolled into the PhilHealth Z-benefit package must be duly endorsed and signed by all the designated consultants from surgery, medical oncology and radiation oncology.
3. All patients enrolled into the PhilHealth Z-benefit package must have a multidisciplinary meeting where treatments plans are discussed and decided upon by the multidisciplinary team, before any treatment is started. This meeting, as well as the treatment plans must be duly documented, noted and signed by all the designated consultants from surgery, medical oncology and radiation oncology.
4. 95% of Stage II and III Rectal Cancer patients enrolled in the Z-package must have pre-operative neoadjuvant radiotherapy (with or without chemotherapy), as duly decided upon in the multidisciplinary meeting.
5. The hospital must monitor and report patient compliance with all aspects of the multidisciplinary treatment, noting reasons for non-compliance. Programs to improve compliance (e.g. patient navigation systems) must be developed, implemented, and documented.

C. Outcomes to be reported and target rates

1. At least 90% compliance with treatment plans
2. At least 95% pre-op radiotherapy for Stage II and III rectal cancer
3. At least 75% of colon cancers must have pre-treatment multidisciplinary meeting
4. At least 90% of rectal cancers must have pre-treatment multidisciplinary meeting
5. 2, 3 and 5 year survival rates (target at least 60% 5-year survival rate)
6. Recurrence rates

Prognostic Factors for early recurrence/ distant metastasis occurrence

A. Colon cancer

Colon cancer patients at high risk for systemic recurrence after colon resection are those with histological grade 3-4, lymphatic/ vascular invasion, and/or bowel obstruction. Stage I-II with histologic grade 3-4 are at high risk.

B. Rectum cancer

Probability for rectum cancer to recur is high if with: 1) $\geq 30\%$ circumference of bowel, 2) > 3 cm in mass size, 3) surgical margin positive/ ≤ 3 mm, 4) fixed, 5) > 8 cm of anal verge, 6) $> T2$, 7) non-fragmented polyp, 8) positive lymphovascular or perineural

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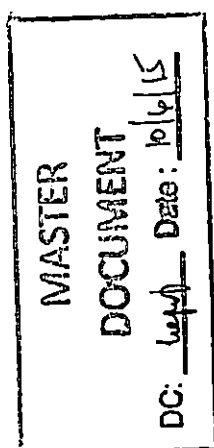
Annex "F"

invasion, and/ or 9) poorly differentiated, and or 10) with lymphadenopathy on pre-treatment imaging. Stage I with surgical margins positive or poorly differentiated is high risk for recurrence.

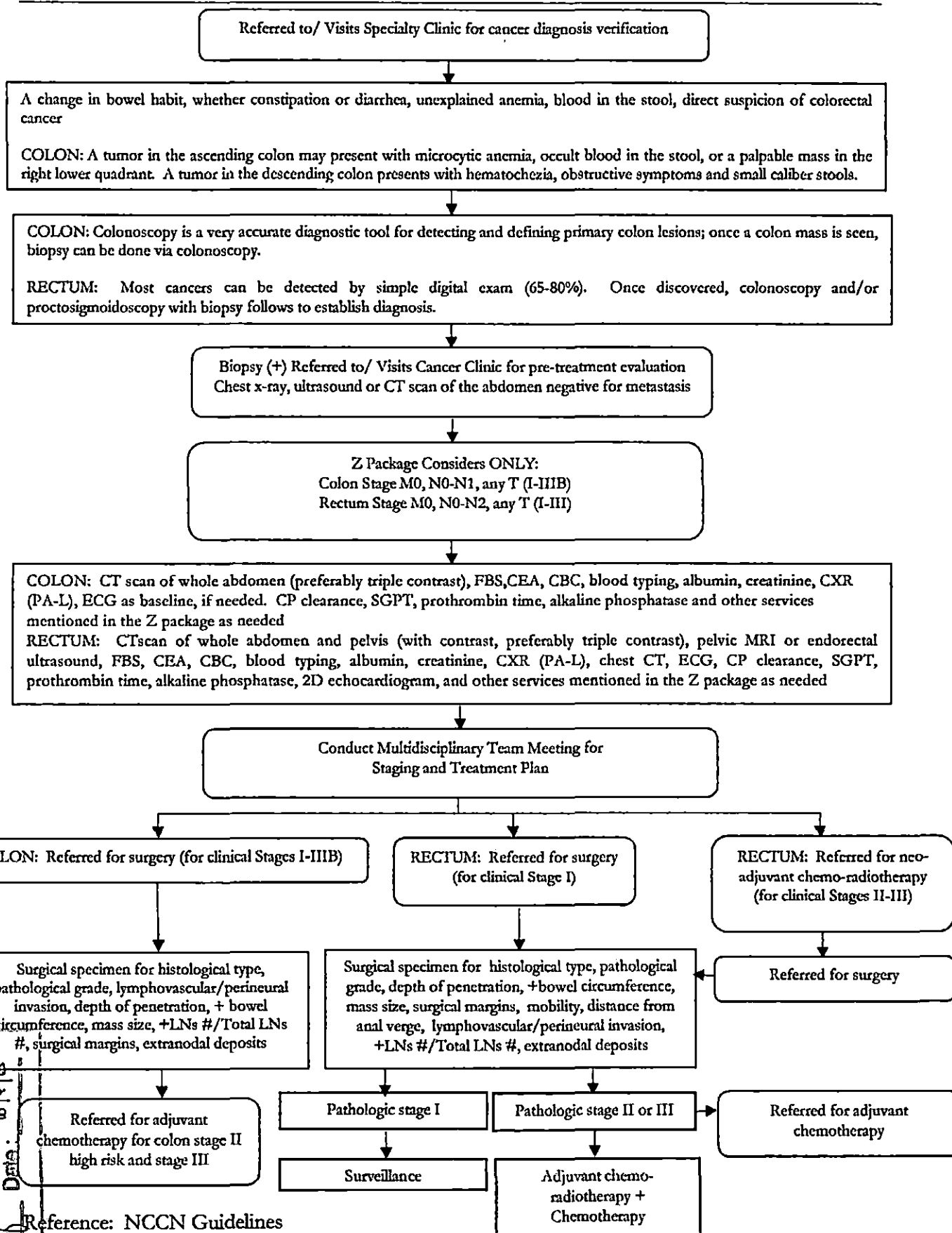
7. Mortality and morbidity rates from treatment
8. Quality of life measures

Note: The adoption and the institutionalization of quality of life measures (e.g. EQ-5D) in valuing health states as perceived by Filipinos shall incorporate the dimension of quality of life in policy research and benefits development that shall be valid and applicable in the Philippine setting.

9. At least 95% follow up rate
10. 100% documentation of multidisciplinary meeting, treatment plans, compliance, treatment and follow up
11. Quality of TME for rectal cancer (> 60% with complete or partially complete circumferential resection margins on pathology reports)
12. Quality of pathology reports (at least 12 nodes and status of circumferential resection margins reported).
 - a. surgical specimen for histological type
 - b. pathological grade
 - c. depth of penetration
 - d. bowel circumference
 - e. mass size
 - f. surgical margins
 - g. mobility
 - h. distance from anal verge
 - i. lymphovascular/perineural invasion
 - j. LNs #/Total LNs #
 - k. extranodal deposits



Pathway for the Z Benefits for colon-rectum cancer



Reference: NCCN Guidelines
As of September 2015



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Annex "H"

TRANSMITTAL FORM OF CLAIMS FOR THE Z BENEFITS

NAME OF CONTRACTED HEALTH CARE INSTITUTION (HCI)	ADDRESS OF HCI
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Instructions for filling out this Transmittal Form. Use additional sheets if necessary.

1. Use CAPITAL letters or UPPER CASE letters in filling out the form.
2. For the period of confinement, follow the format (mm/dd/yyyy)
3. For the Z Benefit Package Code, include the code for the order of tranche payment. Example: breast cancer, second tranche should be written as "Z0022".
4. For the Case Number, copy the case number that is provided in the approved pre-authorization checklist and request.
5. The Remarks column may include some relevant notes which pertain to the filed claim that need to be relayed to PhilHealth.

Case Number	Name of Patient (Last, First, Middle Initial, Extension)	Period of Confinement		Z Benefit Package Code	Remarks
		Date admitted (mm/dd/yyyy)	Date discharged (mm/dd/yyyy)		
1.					
2.					
3.					
4.					
5.					

MASTER
DOCUMENT

DC: Copy Date: 10/4/15

Certified correct by authorized representative of the HCI :		For PhilHealth Use Only		Initial	Date
Printed Name and Signature	Designation	Received by Local Health Insurance Office (LHIO):			
	Date signed (mm/dd/yyyy)	Received by the Benefits Administration Section (BAS):			

As of September 2015

Page 1 of 1 of Annex H



Annex "Q – CRCA Outcomes Report Form"

OUTCOMES REPORT FORM
Colon and Rectum Cancers

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Instructions in filling out this form:

1. PhilHealth shall require this form for renewal of contract.
2. The Z Benefits Coordinator of the contracted health care institution (HCI) shall facilitate completion of this form.
3. The contracted HCI submits this form to the PhilHealth Regional Office within three months prior to end of the contract.
4. Non-submission of this form may be grounds for non-renewal of contract by PhilHealth.
5. Attach additional sheets when necessary.
6. This form may be reproduced.

Name of patient (Last name, first name, middle name)	Pathologic stage	Date of filing of claims of initial tranche (mm/dd/yyyy)	Date of filing of claims of final tranche (mm/dd/yyyy)	Status of Patient				
				0- Alive	1- Dead	2- Lost to follow up	3- Local recurrence of cancer	4- Distant recurrence of cancer
				Year 1	Year 2	Year 3	Year 4	Year 5

MASTER DOCUMENT

DC: 10/10/15 Date: 10/10/15

Certified correct by:

(Printed name and signature)

Executive Director/Chief of Hospital/
Medical Director/ Medical Center Chief

PhilHealth Accreditation No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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