

# TAMANG SAGOT

## PhilHealth Circular 2016-0021

### PD First Z Benefits: The Z Benefits for End-Stage Renal Disease Requiring Peritoneal Dialysis (Revision 1)

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#### 1. What is the Peritoneal Dialysis (PD) First Z benefit package?

- PD First Z Benefits provide total coverage for renal replacement therapy that aims to provide the quality of life of diagnosed ESRD patients in the Philippines
- First line modality treatment for ESRD patients on chronic continuous ambulatory peritoneal dialysis (CAPD), both adult and pediatric

#### 2. What are covered under PD First Z Benefits?

##### a) PD supplies that include:

##### 1. PD solutions

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

##### 2. PD Accessories

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

##### b) Professional fees

#### 3. What are the selections criteria?

- Must have properly placed permanent Tenckhoff Peritoneal Dialysis Catheter;
- Completed PD initiation in contracted PD provider
  - a. no longer uremic
  - b. stable vital signs
  - c. adequately trained to perform PD at home
- ESRD requiring renal replacement therapy
- Absence of any disease of the abdominal wall, such as injury or surgery, burns, hernia, extensive dermatitis involving the abdomen
- Absence of any inflammatory bowel diseases (ex. Crohns' disease, ulcerative colitis or diverticulitis)
- Absence of any intra-abdominal tumors or intestinal obstruction
- Absence of active serositis
- No known or suspected allergy to PD solutions

#### 4. What are the rules in availing of the PD First Z benefits:

- a) Accredited HCIs offering dialysis shall inform and educate their ESRD patients on all options or modalities of artificial renal replacement therapy and are strongly encouraged to actively offer this modality as the first line of treatment;
- b) All ESRD patients must fulfill the selections criteria;
- c) All patients with ESRD on chronic continuous ambulatory peritoneal dialysis (CAPD), both adult and pediatric who qualify must be enrolled in this program
  - NOTE : Case rates for PD shall be limited to acute kidney injury with indications for renal replacement therapy (e.g. leptospirosis)
  - Insertion of PD catheter/PD initiation shall be a separate benefit under case rates
- d) Patients must be eligible at the time of availment of benefits
- e) Informed consent must be sought from parents or guardian of pediatric patients
- f) Must have **approved Pre-authorization**
- g) For PD First Z Benefits a **YEARLY** pre-authorization shall be required. This shall be valid for 60 days. PD providers shall inform PhilHealth if a pre-authorization request is lapsed. A new pre-authorization checklist and request must be submitted, if needed.
- h) Member Empowerment Form (ME Form) is required
- i) NBB policy shall be applied at all times for the sponsored program members.
- j) Negotiated co-pay shall be applied for eligible non-sponsored members and their qualified dependents
- k) Monthly follow-up of patients with their PD provider is required
- l) House visits shall be conducted by PD providers
- m) The Corporation shall independently conduct random house visits
- n) PD solutions given under the PD First shall never be sold by patients
- o) All mandatory services and supplies shall be given according to current standards of practice to ensure adequate dialysis
- p) Accredited PD providers are required to have a patient logbook and/or electronic medical records (ZBITS) and these files shall serve as source of data for field monitoring of PhilHealth
- q) All patients shall have PD Passport
- r) Professional fees are inclusive of the package rate
- s) Rules on pooling of PF applies to government hospitals
- t) Professional and additional service fees such as delivery of PD bags to patient's home, among others, shall be reflected as negotiated co-pay in the individual contracts of the PD providers
- u) Only 5 days is deducted from the 45 days benefit limit regardless of the actual number of PD exchanges in a calendar year.
- v) A member shall still be eligible to avail of the PD First Z provided he still has at least one (1) day remaining of the annual benefit limit and his premiums are updated.
- w) Hospital confinement secondary to nature of the ESRD condition of patients shall be covered under applicable benefits (ex. Case rates)
- x) PD patients who wish to transfer to another PD provider shall accomplish Letter of Intent to transfer (in 3 copies). This shall be submitted to their referring PD provider, to the referral PD provider and to the BAS of the PhilHealth Regional Office whose jurisdiction is within the referring PD provider.
- y) Coordination with reference hospital and among contracted PD providers shall be required for operational and administrative purposes (patient referrals, clearance, patient tracking, pooled procurement of PD solutions, PD passport, PD trainings, regular audits, etc)

- z) Accredited PD provider shall ensure adequate supply of PD solutions for their PD patients and proper inventory to prevent stock-outs;
- aa) PD First Z Benefits patients who shifted to Hemodialysis (HD) shall be subject to monitoring. A list of these patients shall be submitted to BAS of the PROs for endorsement to BDRD
- bb) PD patients enrolled in the Z Benefits who are admitted for the management of peritonitis and /or uremia shall be subject to close monitoring and investigation to determine underlying reasons for confinement (e.g. non-adherence to the PD prescription and non-compliance to the standards of performing PD )
- cc) All patients 50 and above are eligible to avail themselves of pneumococcal vaccination (PC 7 s. 2014)
- dd) If patient expires during the course of treatment or are lost to follow up, payment schedule for specific treatment shall only be released as long as the patient received the scheduled treatment. Remaining tranches shall not be paid.

**5. How much is the package rate?**

- Php 270,000/year

**6. Where can patients avail themselves of the PD First Z benefits?**

- National Kidney and Transplant Institute- as the reference hospital
- All accredited PD First Z Providers

**7. What are not included in the Package?**

- Change of transfer set due to contamination
- Y set (Andy disc)
- Use of cyclor for automated PD
- 5-liter bag PD solutions

**8. When should claims be filed?**

- Filing of claims is within 60 days after every 14<sup>th</sup> day of PD exchanges

**9. How much will be paid per tranche?**

- Php 10,384.60 per tranche is availed of by the PD provider

**10. How should claims for the PD First Z Benefits be filed?**

- a) All claims filed by the contracted PD providers in behalf for the patient shall be in accordance with the Implementing Guidelines on the Z Benefit Package (P.C. 48 S. 2012 amended)
- b) For the initial claim, attachments are:
  - Claim Form 1 or PBEF, and Claim Form 2
  - Approved Pre-Authorization Checklist and Request
  - Accomplished ME Form
  - PD First Z Checklist of Services Provided
  - Tranche Requirements Checklist
- c) **For succeeding claims, attachments are as follows:**
  - PD First Z Benefits Checklist of Services Provided

- Claim Form 2 (CF2)
  - Tranche Requirements Checklist
11. Claims for succeeding tranches for the rest of the calendar year shall be processed independently w/o reference to the previous tranches of PD claim and shall be paid provided that all mandatory services were given.
  12. Accredited PD provider should ensure at all times the accuracy of forms submitted to PhilHealth (e.g. tranche inclusion dates to avoid overlapping dates)
  13. Claims with less than 14 days during the last month of the calendar year shall be paid in pro-rated basis.
  14. Patients under the PD First Z are not allowed to file HD claims directly to PhilHealth and the claim for HD should not overlap with the claim for PD. It shall be the responsibility of the HCI where the HD was provided to file the appropriate claim with PhilHealth.
  15. In the event that PD patient is admitted in accredited HCI for service provisions other than PD, the tranche claim shall be paid provided all mandatory services are given and tranche documents are complete. PD should not be filed as 2<sup>nd</sup> case rate.
  16. Accredited PD Providers shall submit a monthly report of expired patients to the Benefits Administration Section (BAS) of the PhilHealth Regional Office (PRO). List of expired PD patients or deceased members shall be endorsed to the Member Management Group (MMG) for appropriate tagging.
  17. Claim of the referral PD provider where the patient transferred to shall be paid provided that all mandatory services were given, all forms are complete and are in order (e.g. LOI for transfer (Annex G); Copy of the Checklist for patient transfer (Annex M)
  18. **Z Satisfaction Questionnaire** shall be submitted at the end of the calendar year
  19. **When is the Effectivity Date of PhilHealth Circular 2016-0021?**  
This Circular shall take effect fifteen (15 days) after its publication in a newspaper of general circulation. Claims filed with approved pre-authorizations prior to the date of effectivity of this Circular shall follow the provisions of PhilHealth Circular 018-2014.