



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 2016-0007

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

SUBJECT : PHILHEALTH DIALYSIS DATABASE (PDD)

I. RATIONALE

Pursuant to PhilHealth Circular No. 24-2015: New PhilHealth Dialysis Package (Revision 1), the creation of PhilHealth Dialysis Database and its implementing guidelines are hereby prescribed.

PhilHealth Dialysis Database or PDD is a system that collects data on members and dependents diagnosed of Chronic Kidney Disease (CKD) stage 5 (previously known as ESRD)¹ who are prescribed with hemodialysis, peritoneal dialysis or other renal replacement therapy.

The PDD is also a tool to gather information that shall be used as basis for the development, implementation, monitoring and evaluation of policies, and input to research studies and other related undertakings. This shall uphold the standards of care for the diagnosis and management of CKD.

The PDD shall not substitute the existing Philippine Renal Disease Registry (PRDR). The Corporation shall protect the rights to security, confidentiality, and integrity of information of registered patients under PDD at all times.

II. OBJECTIVES

The following are the objectives of the development and implementation of the PDD:

- A. To establish the standard registration process of members and dependents who are prescribed with dialysis or other renal replacement therapy under the PDD,
- B. To establish the development and implementing guidelines of PDD, and
- C. To provide additional requirements in availment process for the new dialysis package.

DEFINITION OF TERMS

- A. **Chronic kidney disease (CKD)** – abnormalities of kidney structure or function, present for ≥ 3 months, with implications for health (Table 1).

¹ Philippine ICD-10 Modifications, Second Edition, May 2014.

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Table 1. Criteria for CKD (either of the following present for ≥ 3 months)

Markers of Kidney Damage	Albuminuria >30 mg/ day
	Urine sediment abnormalities (e.g. hematuria, red cell casts, etc.)
	Electrolyte and other abnormalities due to tubular disorders
	Abnormalities detected by histology
	Structural abnormalities detected by imaging
	History of kidney transplantation
Decreased GFR	GFR <60 mL/min/ 1.73 m ²

- **Chronic kidney disease (CKD) stage 5** has end stage renal disease (ESRD) with a GFR of 15 ml/min or less. At this advanced stage of kidney disease the kidneys have lost nearly all their ability to do their job effectively, and eventually dialysis or a kidney transplant is needed to live. This kind of kidney failure is permanent and is usually caused by diabetes or high blood pressure.
- The ICD-10 code for CKD stage 5, ESRD or end stage kidney disease is N18.5.

B. Renal Replacement Therapy (RRT) - is a term used to encompass life-supporting treatments for renal failure. It includes hemodialysis, peritoneal dialysis, hemofiltration and renal transplantation.

1. **Hemodialysis (HD)** – blood is removed from the body and filtered through a man-made membrane called a dialyzer, or artificial kidney, and then the filtered blood is returned to the body.

2. **Peritoneal dialysis (PD)** - A dialysis technique that uses the patient's own body tissues inside the abdominal cavity as a filter. A plastic tube called a dialysis catheter is surgically placed through the abdominal wall, into the abdominal cavity. A special fluid is then flushed into the abdominal cavity and washed around the intestines. The intestinal walls act as a filter between this fluid and the bloodstream. By using different types of solutions, waste products and excess water can be removed from the body. This form of dialysis can be done either manually or by machine at home, thereby avoiding hospitalization or receiving dialysis treatment at a dialysis center.

C. Philippine Renal Disease Registry (PRDR) – is being administered by the National Kidney and Transplant Institute – Renal Disease Control Program (NKTII- REDCOP) and includes the following: the End Stage Renal Disease (ESRD) Registry composed of the Hemodialysis, Peritoneal Dialysis & Transplant Registries, and the Chronic Kidney Disease Registry composed of Biopsy.

IV. GUIDELINES

A. Requirements for Registration of Dialysis Patients

1. PhilHealth Identification Number (PIN)
2. Certification of Diagnosis and Management - CKD

Members or dependents diagnosed of chronic kidney disease stage 5 who are prescribed with hemodialysis, peritoneal dialysis or other renal replacement therapy shall secure this certification from a PhilHealth - accredited nephrologist (Diplomate or Fellow of Philippine Society of Nephrology or Pediatric Nephrology Society of the Philippines) or an internist with completed training in nephrology (Diplomate of

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Philippine College of Physicians with completed training in nephrology). The certification shall include the following:

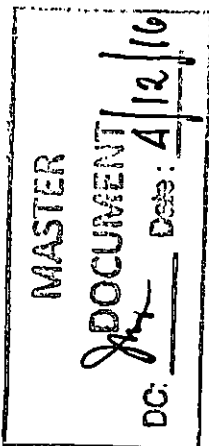
- a. estimated Glomerular Filtration Rate: ___ ml/min/1.73 m²
 - b. Creatinine level: ___ mg/dL
 - c. Other findings
 - d. Doctor's recommendation: diagnosis and type of dialysis
3. PDD Registration Form: completely and correctly filled out
- a. The PDD Registration Forms shall be available in all accredited health care institutions (HCIs) with dialysis services, LHIOs, PROs and at the PhilHealth website.

B. Registration and Submission

1. The registration and submission shall start on May 1, 2016.
2. Members and dependents diagnosed of CKD stage 5 (previously known as ESRD) who are prescribed with hemodialysis, peritoneal dialysis or other renal replacement therapy shall register under the PDD.
3. To register, they shall be required to submit the following to an accredited health care institution with dialysis services with PDD module (see attached Annex):
 - a. PDD Registration Form that is completely and correctly filled out
 - b. Certification of Diagnosis and Management – CKD
4. They only need to register under the PDD once unless their registration has been deactivated.
 - a. Registration of members or dependents who availed of kidney transplantation or who underwent kidney transplantation or other related cases under the Z benefits or All Case Rates packages shall be deactivated under the PDD. If hemodialysis or peritoneal dialysis is prescribed once more for such cases, reactivation of the registration shall be required.
 - b. Updating of registration under the PDD shall warrant the same requirements (item IV. A).
 - c. Registered members or dependents who are tagged as expired in the membership and claims databases shall be deactivated under the PDD.
 - d. The PDD Registration Forms and the Certification of Diagnosis and Management – CKD shall be made available in all accredited HCIs with dialysis services, LHIOs, PROs and at the PhilHealth website.
5. The HCIs shall assist their CKD patients in filling out the PDD Registration Forms. The completely and correctly filled out PDD Registration Forms shall be encoded by the HCIs using the PDD module through the HCI Portal.
6. After encoding, the HCIs shall ensure the submission of the PDD Registration Forms and other requirements (original copies) to the LHIOs or PROs within 60 calendar days from date of approval of registration.
7. No fees shall be collected by the HCIs for the registration of members or dependents under the PDD.

C. PhilHealth Dialysis Database

1. The PDD module shall be developed and integrated in the HCI Portal. It shall provide "real time" information to all authorized users. The PDD shall be operational starting May 1, 2016.
2. HCIs with dialysis services shall submit a letter of intent to access the PDD. HCIs with dialysis services with no installed and functional HCI Portal shall be required to apply and be connected before May 1, 2016. PhilHealth Circular No. 2 s. 2012 (item II. B and C) enumerated the requirements on how to participate in the HCI Portal.



3. The Corporation and the HCIs shall ensure the security, confidentiality, and integrity of patients' information at all times.
4. A regular process of monitoring and evaluation of the PDD shall be conducted. Any identified issues and concerns shall be referred to the concerned offices for resolution.
5. The Corporation shall be the owner of the PDD data. The information shall be available and accessible to all authorized users as may be determined by the Corporation.

D. PDD and Claims Processing

1. Registration in the PDD shall be a requirement for reimbursement of claims for dialysis of patients diagnosed of CKD stage 5. Non -registration under the PDD shall mean denial of reimbursement.
2. To give ample time for PhilHealth members and dependents on chronic dialysis to register, PhilHealth shall only require PDD registration for reimbursement of dialysis claims for admissions or procedures performed starting July 1, 2016.
3. Registration on the same day as filing of claims for dialysis shall be acceptable provided the regular 45 days benefit limit is not yet exhausted.

V. MONITORING AND EVALUATION

- A. The health care providers shall be subjected to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54, s-2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Care Provider Performance Assessment System (HCP PAS).
- B. The HCIs shall accept members or dependents seeking dialysis services based on their license and facility's capability.
- C. The current clinical practice guidelines for the management of chronic kidney disease shall be the basis for the standard of care.
- D. This Circular shall be reviewed periodically and as necessary.

VI. REPEALING CLAUSE

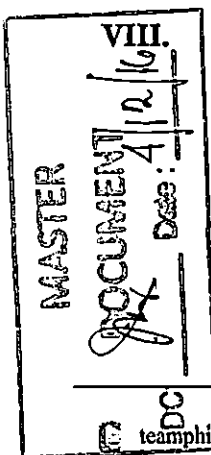
All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is applicable, are hereby amended, modified or repealed accordingly.

VII. SEPARABILITY CLAUSE

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

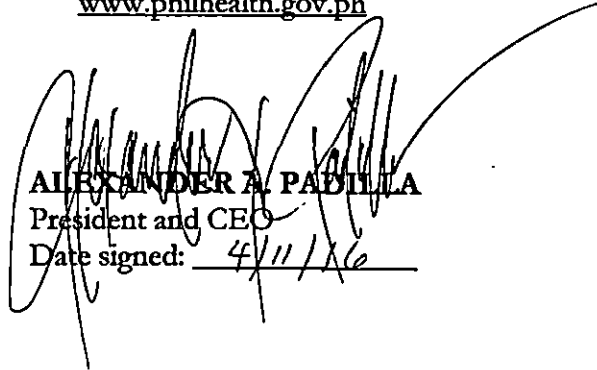
VIII. EFFECTIVITY

This Circular shall take effect on May 1, 2016. It shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.



IX. ANNEX

The PDD Registration Form and Certification of Diagnosis and Management - CKD shall also be made available as downloadable document at the PhilHealth website: www.philhealth.gov.ph



ALEXANDER A. PADILLA
President and CEO
Date signed: 4/11/16

SUBJECT : PHILHEALTH DIALYSIS DATABASE (PDD)

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PHILHEALTH DIALYSIS DATABASE Registration Form

I would like to register under the PhilHealth Dialysis Database. I understand that the following information will be used by PhilHealth for my claims reimbursement. Also, I am giving my consent to access on my pertinent clinical information.

New Registration Reactivation

1. PhilHealth Identification Number (PIN)

2. Name of CKD Patient Last Name First Name Name Extension (JR/SR/III) Middle Name (example: DELA CRUZ JUAN JR SIPAG)

3. Currently, I am a Principal Member Dependent

4. Date of Birth month day year 5. Sex Male Female 6. Civil Status:

7. Mailing Address

Unit/ Room No., Floor	Building Name	Lot/Block/House/Bldg. No.	Street	Subdivision/Village
Barangay	City/Municipality	Province	Country	Zip Code

8. Email Address 9. Mobile Number 10. Landline

11. Is the patient enrolled under the 2 benefits?

- PD First Policy Yes No
- Kidney Transplantation Yes No

12. Previous availment under All Case Rates?

- Kidney Transplantation Yes No

13. I started dialysis on (month & year)

14. For HD: Type of dialyzer Low flux High flux Others:

15. For PD: Current PD system CAPD CIPD-C CIPD-M CCPD NIPD

I certify that the herein information given are true and correct.

16. Signature/Thumbmark Printed Name 17. Date month day year

18. PDD Registration No.

19. Registered by Name of Health Care Institution 20. Accreditation No.

Registration Date month day year

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**I. Certification on the Diagnosis and Management of
Chronic Kidney Disease - (CKD) stage 5**

The undersigned hereby certifies that (Name of Patient)
is diagnosed with Chronic kidney disease stage 5 secondary to (if applicable)
(previously known as End stage renal disease [ESRD]) based on the patient's clinical signs and symptoms as supported
by the following laboratory results/findings:

	Particulars	Laboratory Result (s)	Date Performed
1	Estimated Glomerular Filtration Rate: _____ mL/min/1.73m ²		
2	Creatinine Level: _____ mg/dL		
3	Other Findings:		
Recommendation:			

I have explained the nature of the disease to the patient and the possible renal replacement therapy (RRT) options that the patient may choose from namely: hemodialysis, peritoneal dialysis or kidney transplantation. I have explained the mechanics as to how each RRT works, as well as the advantages and disadvantages of each treatment option.

(Signature over printed name of the nephrologist or internist)

(Accreditation Number)

(PRC License Number)

(Date Signed)

II. Informed Consent to Undergo Renal Replacement Therapy (RRT)

I hereby attest that my doctor explained the disease to me as well as the different renal replacement therapy options and its necessity.

I, with my full knowledge on the modes of RRT, intend to undergo (tick the appropriate box)

- Peritoneal Dialysis
 Hemodialysis
 Kidney Transplantation

Others _____

(Signature over printed name of the patient)

(PhilHealth Identification Number)

(Date Signed)

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 Date: 4/12/10