



PHILHEALTH CIRCULAR
 No. 2016 - 0032

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

SUBJECT : Guiding Principles for the Z Benefits for Children with Disabilities

I. BACKGROUND

Estimates on the local prevalence of disabilities are scant; the most recent census in 2010 suggested a prevalence of 1.57 percent. Among persons with disabilities, 18.9 percent are estimated within 0 to 14 years old (PSA, 2010).

People with disabilities can be deprived of opportunities, access to education, social and health services. Non-participation in society can happen more among the already vulnerable children. This is exemplified by the fact that disability prevalence among 0 to 14 years old is highest in urban slum and rural communities (ADB 2005).

Impairments that profoundly impact on children's functionality are those which affect hearing, vision, mobility and delay or regression in the child's cognitive, adaptive, motor, language and social development. It is early recognition of these impairments and timely intervention with appropriate assistive technology, habilitation / rehabilitation that can improve functioning and participation, enabling productive lives.

II. RATIONALE

Since 1992, the Philippines has recognized the importance of addressing disability and legislated Republic Act 7277, the Magna Carta for Disabled Persons. This policy defined disability, the rights and privileges of the disabled person, and the responsible government agencies in program implementation. However, policy translation into actual services has been slow, including health services. The Department of Health (DOH) formalized a national program for disabled persons in 2006 (DOH Administrative Order 2006-0003) that was expanded in 2015 (DOH AO 2015-0004; DOH Medium Term Strategic Plan for 2013 to 2017). The early program designed to have services mainly delivered in rehabilitation centers. In the expanded framework, the approach was encompassing and aimed to attain the best possible state of wellness for persons with disabilities, adopting the World Health Organization's Global Disability Action Plan 2014-2021 proposed objectives.

This WHO Disability Action Plan moved to aspire to (a) remove barriers and improve access to health services and programs, (b) strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services and community based

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rehabilitation, and (c) strengthen collection of data on disability and support disability research.

In the Philippines, there is paucity of organized interventions as well as financing that can lead to achieving these aspirations. In 2008, estimates show that about 95 percent of children with disabilities have unmet needs for assistive devices (WHO, 2015).

Failure to address these unmet needs is devastating to the poor for whom disability and its consequences can be financially catastrophic. Access to assistive devices, habilitation/rehabilitation services will impact beyond health outcomes; the improved functionality, productivity, and inclusion will be opportunity to lift themselves out of poverty.

In 2013, the Philippine Health Insurance Corporation (PhilHealth) began covering persons with disabilities. It launched the Z benefits for mobility, orthosis, rehabilitation prosthesis help (Z MORPH) for 15 years old and up (PhilHealth Circular 0019-2013) and the benefits for selected orthopedic implants for hip arthroplasty, hip fixation, petrochanteric fracture and femoral shaft fracture (PhilHealth Circular 012-2014). Access and services, however, remain limited and mainly concentrated in urban areas.

A holistic approach to benefit package development for persons with disabilities was needed. To ensure financial risk protection beyond mere payments for services, included in the package design are mechanisms that shall drive better access and quality. Contracting arrangements between PhilHealth and health care institutions (HCI) as well as active collaboration with the DOH can be maximized such that children with disabilities can eventually become healthier productive citizens of our country.

Pursuant to PhilHealth Board Resolution No. 2125 s. 2016, PhilHealth shall implement a benefit package for children with disabilities covering those with hearing, visual and mobility impairment and developmental disability.

III. GUIDING PRINCIPLES OF THE BENEFIT PACKAGE

1. Improvement of societal participation of children with disabilities

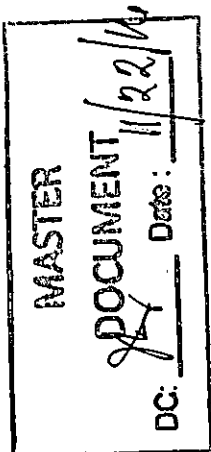
The value of this benefit package is to improve societal participation of children with disabilities that have the highest impact on their functionality;

2. Availability of interventions

The interventions must be locally available, delivered with good quality and result to improved functionality;

3. Total care

The spectrum of health care services is designed within the perspective of preventive to curative to habilitative / rehabilitative care because children present in different



developmental stages that would require benefit packages corresponding with the child's growth phase;

4. Access to services

The benefit package design shall drive the improvement of access for specialized care through a contracting arrangement between PhilHealth and the HCI. It shall capitalize on established service delivery networks (SDN) and shall ensure viability of service provision at all levels of care;

5. Drive service capacity improvement

The implementation of this benefit package shall facilitate the expansion of the current provision and supply of assistive technologies. It shall also promote the improvement of maintenance and repair mechanisms; sustainability in service delivery via production and training of the appropriate local complement of human resources;

6. Quality of care

The benefit package shall drive conformity to existing global standards on assistive products;

7. Personalized and participative care

The benefit package developed is distinct for the type of impairment that it addresses. It shall actively engage users' and caregivers' participation in ensuring acceptability, appropriateness and safety of the use of prescribed assistive devices;

8. Financial risk protection

All members of the National Health Insurance Program shall be afforded financial risk protection. Eligible children with disabilities can access life-enabling services without encountering financial hardships. Through these services, impairment and disability shall not hinder these children from becoming productive citizens.

IV. BENEFIT PACKAGES FOR CHILDREN WITH DISABILITIES

A. Benefit package for hearing impairment

The benefit package for hearing impairment shall include professional assessment, diagnostic test, hearing devices, and habilitative /rehabilitative speech therapy that shall enable these children to gain functionality in hearing and communication;

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B. Benefit package for visual impairment (low vision)

The benefit package for visual impairment (low vision) includes vision assessment, provision of electronic and non-electronic optical devices, with appropriate rehabilitation that shall preserve and rehabilitate the children's ability for sight and purposeful activities;

C. Benefit package for mobility impairment

The benefit package for mobility impairment shall provide appropriate mobility devices and habilitative / rehabilitative therapy that can potentially halt the progression of conditions limiting mobility and shall enable children to navigate access and become more independent;

D. Benefit package for developmental disability

The benefit package for developmental disability includes services for proper diagnosis in order to provide specific and individualized plans for therapy services. Children with development disability shall be able to achieve specific milestones in their development, which shall optimize their capacities and increase their participation in education and in the community.

V. CRITERIA FOR AVAILMENT, MINIMUM STANDARDS OF CARE, PACKAGE RATES, CLAIMS FILING AND REIMBURSEMENT

The corresponding benefit packages on mobility, vision (low vision), and hearing impairments, as well as development disabilities shall be published in separate issuances. These shall include the details on the criteria for benefits availment, the minimum standards of care, the corresponding package rates and the rules for claims filing and reimbursement.

VI. MONITORING

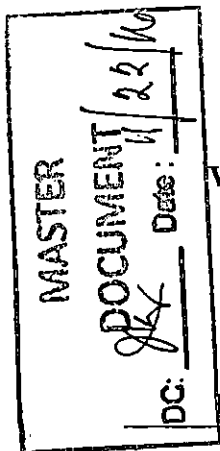
Providers for the Z Benefits for children with disabilities shall be subject to the current rules of the Health Care Provider Assessment System (HCP PAS) (PhilHealth Circular 2016-026) and other monitoring policies that shall be disseminated in a separate issuance.

VII. POLICY REVIEW

A regular policy review of the Z Benefits for children with disabilities shall be conducted in collaboration with all relevant stakeholders, experts and technical staff representatives from the Corporation.


Product Team for Special Benefits

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VIII. CONTRACTING HEALTH CARE INSTITUTIONS AS PROVIDERS FOR THE Z BENEFITS FOR CHILDREN WITH DISABILITIES

PhilHealth shall enter into contracts with capable HCIs for the provision of the specialized services for the Z Benefits for children with disabilities. The specific policies and guidelines for contracting HCIs and the minimum requirements for renewal of contracts are stipulated in PhilHealth Circular No. 14, s. 2015 (Guidelines for Contracting Health Care Institutions as Z Benefit Package Providers). Any amendment to this policy shall be disseminated in a separate issuance.


RAMON F. ARISTOZA, JR.
Acting-President & Chief Executive Officer
Date Signed: 11/19/16

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