

Tamang Sagot

PhilHealth Circular No. 2017 – 0016

Enhanced Package Rate for the Z Benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia

1. What is the current situation/ data on neonatal mortality?

- Over 200,000 children develop cancer worldwide each year and only 10% survive. Among the 80% of these are children living in developing countries.
- About 3,500 new cases of cancer are diagnosed in children every year; an equivalent of almost ten (10) children each day.
- Late diagnosis of cancer is at 70% when cure is no longer possible, or can be attained only with the most aggressive treatment which most families could not afford.
- Only one (1) in five (5) children will be treated effectively, most as paying patients; however, treatment abandonment rate is high at 80%.
- Survival rate is barely two (2) out of ten (10) children

2. What is the rationale for enhancing the package rate for the Z benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia?

When PhilHealth developed the Z Benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia in 2012, patient outcomes were improved:

- Late diagnosis is reduced from 70% to 30%
- Treatment abandonment rate decreased from 80% to 10 up to 20%; and,
- Overall survival rate improved to 78% from 16% up to 20%.

3. Who are entitled to avail of the enhanced package rate for the Z benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia?

The enhanced package rate for the Z benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia may be availed of by children from ages one (1) to ten (10) years and 364 days old who shall fulfill the following qualifications:

- a. Bone marrow aspirate morphology ALL FAB L1 or L2
- b. Without CNS involvement based on:
 - i. CSF cell count and differential count
 - ii. Clinical findings
- c. If male, no testicular involvement
- d. CBC WBC count $<50,000/\mu\text{L}$ or $<50,000$ cells/ μL or $<50 \times 10^3/\mu\text{L}$ or $<50 \times 10^9/\text{L}$

e. CSF cell count white blood cell (WBC) not more than $5 \times 10^6/L$

4. What are the codes, description and tranche payments of the enhanced package rate for the Z benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia?

Table 1. Package code, mode of payment, amount per tranche and filing schedule

Package code	Mode of payment	Amount (Php)	Filing schedule
Z0011	Tranche 1	300,000	Within 60 days upon discharge after first induction phase
Z0012	Tranche 2	125,000	Within 60 days after the third maintenance cycle
Z0013	Tranche 3	75,000	Within 60 days after the seventh maintenance cycle

5. What are the Mandatory and Other services to be provided by the health care institutions (HCIs)?

Table 2. Mandatory services and other services for enhanced ALL Tranche 1 during the Induction Phase

Mandatory services and other services, as needed
<p>A. Diagnostics</p> <ol style="list-style-type: none"> 1. Bone marrow aspirate examination (morphologic assessment of BMA smears) 2. CSF analysis with WBC differential count 3. CBC (with platelet count) 4. Alanine aminotransferase (ALT) 5. Bilirubin 6. Creatinine 7. PT/ PTT 8. Electrolyte <ol style="list-style-type: none"> a. Sodium b. Potassium c. Calcium d. Chloride e. Magnesium, as needed f. Phosphorus, as needed 9. Uric acid 10. Chest X-ray 11. 2D echocardiography, as needed 12. Flow cytometric immunophenotyping, as needed 13. CSF cytopsin, as needed 14. Abdominal Ultrasound, as needed 15. Evaluation of infection (ex. blood culture), as needed

16. Others, indicate (ex. cytogenetics), as needed
<p>B. Blood support and processing, as needed</p> <ol style="list-style-type: none"> 1. Blood typing 2. Cross matching 3. Blood screening 4. Blood product (packed RBC/ platelet concentrate/ fresh frozen plasma)
<p>C. Complete list of medicines given</p> <ol style="list-style-type: none"> 1. Chemotherapy <ol style="list-style-type: none"> a. Systemic <ol style="list-style-type: none"> i. vincristine ii. L-asparaginase iii. doxorubicin (as indicated) b. Intrathecal <ol style="list-style-type: none"> i. Single (methotrexate) OR ii. Triple (methotrexate, cytarabine, hydrocortisone) 2. Other drugs (as needed) <ol style="list-style-type: none"> a. prednisone b. diphenhydramine c. hydrocortisone 3. Anti-emetics (as indicated) <ol style="list-style-type: none"> a. ondansetron b. metoclopramide 4. Pain medication (as indicated) <ol style="list-style-type: none"> a. nalbuphine b. tramadol 5. Anesthetics (as indicated) <ol style="list-style-type: none"> a. ketamine b. propofol 6. Sedatives (prior to procedure, as indicated) <ol style="list-style-type: none"> a. midazolam b. diphenhydramine 7. Antibiotics <ol style="list-style-type: none"> a. cotrimoxazole (as indicated) b. ceftriaxone (as indicated) c. ceftazidime (as indicated) d. amikacin (as indicated) e. Other antibiotics based on hospital antibiogram

Table 3. Mandatory services and other services for enhanced ALL Tranche 2 during consolidation, interim maintenance and delayed intensification phases

Mandatory services and other services, as needed
<p>A. Diagnostics</p> <ol style="list-style-type: none"> 1. CSF analysis with WBC differential count 2. CBC with platelet count

<ul style="list-style-type: none"> 3. Bilirubin 4. Creatinine 5. Bone marrow aspirate examination, as needed 6. Alanine aminotransferase (ALT), as needed 7. PT/ PTT, as needed
<ul style="list-style-type: none"> B. Complete list of medicines given <ul style="list-style-type: none"> 1. Chemotherapy <ul style="list-style-type: none"> a. Systemic <ul style="list-style-type: none"> i. vincristine ii. doxorubicin (as indicated) iii. L-asparaginase (as indicated) iv. cytarabine v. cyclophosphamide vi. methotrexate (IV and oral) vii. 6-mercaptopurine b. Intrathecal <ul style="list-style-type: none"> i. Single (methotrexate) OR ii. Triple (methotrexate, cytarabine, hydrocortisone) 2. Other drugs (as indicated) <ul style="list-style-type: none"> a. MESNA b. dexamethasone c. hydrocortisone 3. Anti-emetics (as indicated) <ul style="list-style-type: none"> a. ondansetron b. metoclopramide 4. Antibiotics <ul style="list-style-type: none"> a. cotrimoxazole b. ceftriaxone c. ceftazidime d. amikacin e. Other antibiotics based on hospital antibiogram

Table 4. Mandatory services and other services for enhanced ALL Tranche 3

Mandatory services and other services, as needed
<ul style="list-style-type: none"> A. Diagnostics <ul style="list-style-type: none"> 1. CSF analysis with WBC differential count 2. CBC with platelet count 3. Chest X-ray (as indicated) 4. Bone marrow aspirate examination, as needed 5. Alanine aminotransferase (ALT), as needed 6. Creatinine, as needed 7. Bilirubin, as needed 8. Amylase, as needed 9. Cranial CT scan, as needed 10. CSF cytospin, as needed 11. Minimal residual disease by flow cytometry, as needed B. Complete list of medicines given

1. Chemotherapy
 - a. Systemic
 - i. vincristine
 - ii. doxorubicin (as indicated)
 - iii. methotrexate (oral)
 - iv. 6-mercaptopurine
 - b. Intrathecal
 - i. Single (methotrexate) OR
 - ii. Triple (methotrexate, cytarabine, hydrocortisone)
2. Other drugs (as indicated)
 - a. dexamethasone
 - b. prednisone
3. Anti-emetics (as indicated)
 - a. ondansetron
 - b. metoclopramide
4. Antibiotics (as indicated)
 - a. cotrimoxazole
 - b. ceftriaxone
 - c. ceftazidime
 - d. amikacin
 - e. Other antibiotics based on hospital antibiogram

6. What are the general rules in availing the enhanced Z benefits for Standard Risk acute lymphocytic (lymphoblastic) leukemia package?

- a. All claims shall be filed by the contracted HCI in behalf of the patients. There shall be **no direct filing** by PhilHealth members.
- b. The package code for the Z benefits for enhanced ALL is **Z0011** (1st tranche), **Z0012** (2nd tranche), **Z0013** (3rd tranche).
- c. Contracted HCIs providing the services for **Acute Lymphocytic (Lymphoblastic) Leukemia** for children shall be monitored.
- d. **Rules on late filing shall apply.** If the delay in filing of claims is due to natural calamities or fortuitous events, the accredited HCI shall be accorded an extension of 60 calendar days.
- e. **Z Satisfaction Questionnaire** shall be administered prior to discharge from HCI.
- f. **Results of diagnostic and laboratory tests are NOT required** as attachments to the claim. However, these should be attached to the patients' chart and shall be checked during the monitoring.

7. Will the revised policy on the Z Benefits for Acute Lymphocytic Leukemia be updated/reviewed?

A regular **policy review** shall be conducted in collaboration with relevant stakeholders, experts and technical staff representatives from the Corporation.

8. Do HCIs need to submit applications for pre-authorization before patients can avail themselves of the Z benefits for ALL?

Given that the nature of the conditions requires urgent management, the said conditions are considered emergency; thus, HCIs are not required to submit applications for pre-authorization. Instead, HCIs shall submit a Checklist of Eligibility Criteria to their corresponding PhilHealth Regional Office after admission of the patients but prior to filing of claims for the avilment of the Z Benefits.

Submission of pre-authorization requests by contracted healthcare institution (HCI), shall be prior to the end of the induction phase.

Table 5. Example illustrating the date of submission of the pre-authorization vis a vis the date of discharge reflected in the CF2 and reimbursement decision.

Date of submission of pre-authorization	End of induction phase (Date reflected in CF2 is date of discharge)	Reimbursement decision
May 15, 2017	June 15, 2017	PAY
May 16, 2017	May 15, 2017	DENY

The Z benefits coordinator designated by the HCI shall encode all contents of the Checklist of Eligibility for Criteria and shall send electronic copy to the PRO and the BDRD of PhilHealth.

Once ready, PhilHealth shall create a patient registry for the Z Benefits in collaboration with pertinent stakeholders. The policies and implementing guidelines for this shall be disseminated in a separate issuance.

9. What are the documentary requirements for filing claims for reimbursement?

The requirements for filing of claims for reimbursement are the following:

- PBEF print out or Claim Form 1 – only for Tranche 1
- Properly accomplished Claim Form 2
- Photocopy of approved pre-authorization checklist (Annex A) – only for Tranche 1
- Photocopy of the Member Empowerment (ME) Form (Annex B) – only for Tranche 1
- Checklist of Mandatory and other services (Annex C)
- Photocopy of accomplished Z Satisfaction Questionnaire (Annex D)
- Checklist of Requirements for Reimbursement (Annex E)
- All other requirements as indicated in Annex E

10. Where can patients avail themselves of the enhanced Z benefits for ALL?

PhilHealth have contracted with the government and private HCIs that are capable of providing the services for the Z benefits for Acute Lymphocytic (Lymphoblastic) Leukemia in children. The list is posted in the PhilHealth website.

11. How can health care institutions be contracted to provide the Z benefits for Standard Risk Acute Lymphocytic (Lymphoblastic) Leukemia for children?

Health care institutions interested to become contracted by PhilHealth to provide the services for the Z benefits for Standard Risk for Acute Lymphocytic (Lymphoblastic) Leukemia may send a Letter of Intent to the Regional Vice Presidents of the respective PhilHealth Regional Offices covering their institutions.

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).