

PHILHEALTH CIRCULAR

No. 2024-0014

TO : ACCREDITED HEALTH FACILITIES, HEALTHCARE PROFESSIONALS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Institutionalization of 156 Hemodialysis Sessions and Coverage Expansion (Revision 1)

I. RATIONALE

The Philippines is among the low-and middle-income (LMIC) countries with higher than global chronic kidney disease (CKD) stage 3-5 prevalence of 35.9 percent.¹ In 2021, CKD ranked fifth among the causes of death in the country.² Data from the Philippines National Kidney and Transplant Institute (NKTI) shows that “one Filipino develops chronic renal failure every hour or 120 Filipinos per million population per year.”³

Republic Act (RA) No. 11223, or the Universal Health Care Act, Sections 37(a), (b), and (c) states that portions of the funds from the Philippine Amusement and Gaming Corporation (PAGCOR) income and Philippine Charity Sweepstakes Office (PCSO) charity fund shall be transferred to PhilHealth for the improvement of benefits packages, which includes the benefits package for hemodialysis (HD). As part of benefits improvement, PhilHealth, through Board Resolution No. 2918 s. 2024 adjusted the HD benefits package to enhance the service coverage and improve financial risk protection of PhilHealth beneficiaries with CKD5 undergoing hemodialysis.

II. OBJECTIVES

This PhilHealth Circular (PC) aims to establish the *rules* for availing the *adjusted rates of the 156 HD sessions benefits package.*

III. SCOPE

This *PC shall apply to beneficiaries* diagnosed with chronic kidney disease stage 5 (CKD5) who are registered in the PhilHealth Dialysis Database (PDD).

¹ Suriyong P, Ruengorn C, Shayakul C, Anantachoti P, Kanjanarat P (2022) Prevalence of chronic kidney disease stages 3–5 in low- and middle-income countries in Asia: A systematic review and meta-analysis. PLoS ONE 17(2): e0264393. <https://doi.org/10.1371/journal.pone.0264393>

² <https://www.healthdata.org/research-analysis/health-by-location/profiles/philippines>

³ <https://nkti.gov.ph/index.php/patients-and-visitors/kidney-health-plus>

MASTER COPY
Date: 6/28/2024
DC: 1

IV. DEFINITION OF TERMS

- A. **Balance Billing**⁴ - refers to the additional payments by insured patients on top of the amount paid by insurance when the provider's charges exceed the amount covered by health insurance. Due to financial and service coverage decisions, balance billing may result in increased financial burdens and limited access to health services by households.
- B. **Bottom-Up Costing (Activity-Based or Micro-Costing)**⁵ - refers to a cost calculation method that considers the individual components and activities of delivering a healthcare service and analyzes its various elements separately, such as personnel, medical supplies, equipment, overhead expenses, and administrative costs, to determine the cost incurred for that specific component.
- C. **Case-Based Provider Payment Mechanism** – refers to a provider payment system in which a facility is reimbursed for each discharged patient at a pre-determined rate based on the type of case or for groups of cases with similar clinical profiles and resource requirements.
- D. **Chronic Kidney Disease Stage 5 (CKD5)** - refers to end-stage renal disease (ESRD) or an advanced stage of kidney disease resulting in irreversible loss of nearly all ability to remove toxic by-products from the blood.
- E. **Co-Payment**^{6 7} - refers to a predetermined amount agreed upon by the accredited health facility (HF) and PhilHealth that is chargeable to patients to cover the share for amenities, choice of physician, or any additional or upgraded services during the episode of inpatient care before service access to manage moral hazards and adverse incentives. Co-payment is an example of an out-of-pocket payment or cost-sharing mechanism intended to share the cost of healthcare between the insured and the insurer.
- F. **Hemodialysis (HD)** - refers to the medical procedure of removing fluid and waste products from the blood and correcting electrolyte imbalances. This is accomplished using a synthetic membrane or dialyzer, also called an “artificial kidney.”
- G. **Minimum Standards of Care**⁸ - refer to essential or mandatory services that HFs are obliged to provide based on clinical practice guidelines (CPG) and/or expert consensus as approved by the Corporation.



⁴ Viriyathorn, S., Witthayapipopsakul, W., Kulthanmanusorn, A., Rittimanomai, S., Khuntha, S., Patcharanarumol, W., & Tangcharoensathien, V. (2023, May 11). Definition, Practice, Regulations, and Effects of Balance Billing: A Scoping Review. *Health Services Insights*, 16, 1-14. 10.1177/11786329231178766

⁵ PhilHealth Circular No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

⁶ PC No. 2021-0022. The Guiding Principles of the Z Benefits (*Revision 1*)

⁷ PC No. 2024-0001. Rules for Adjusting Case Rates

⁸ PC No. 2021-0022. The Guiding Principles of Z Benefits (*Revision 1*)

- H. **Out-of-Pocket Payment (OOP)**⁹ - refers to the balance of healthcare provider charges paid directly by the patients from their own resources or cash reserves or health spending made directly from households to providers.
- I. **Peritoneal Dialysis (PD)**¹⁰ – refers to an established mode of RRT, based on the exchange of fluid and solutes between blood in peritoneal capillaries and a dialysate that has been introduced in the peritoneal cavity.
- J. **PhilHealth Dialysis Database (PDD)** - refers to a system that collects data on members and dependents diagnosed with CKD5 (previously known as ESRD) who are prescribed HD, peritoneal dialysis (PD), or kidney transplantation (KT) (PC No. 2016-007).
- K. **Renal Replacement Therapy (RRT)**¹¹ – refers to a medical treatment that replaces the normal kidney function in patients with acute or chronic kidney failure. It involves using various techniques, such as hemodialysis, peritoneal dialysis, and kidney transplantation, to remove waste products, excess fluids, and electrolytes from the bloodstream.

V. **POLICY STATEMENTS**

- A. PhilHealth utilized a bottom-up costing methodology to update the package rate for hemodialysis using health facility data submitted by accredited HD providers.
- B. PhilHealth covers 156 treatment sessions per year for PhilHealth beneficiaries with CKD5 prescribed with hemodialysis.
- C. All patients diagnosed with CKD5 shall be registered in the PDD in accordance with PC No. 2016 – 0007, titled: “PhilHealth Dialysis Database (PDD).”
- D. The package rate for HD is PHP4000 per treatment session, divided between the health facility (HF) and the professional.

Package Rate	Health Facility Fee	Professional Fee
PHP 4000	PHP 3650	PHP 350

Table 1: Package Rate, Health Facility Fee and Professional Fee for Hemodialysis

- E. The professional fee amount indicated in Table 1 represents PhilHealth's minimum coverage meant to offer financial risk protection to its

⁹ PC No. 2023-0026. Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)

¹⁰ <https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/peritoneal-dialysis#definition>

¹¹ <https://www.yalemedicine.org/clinical-keywords/renal-replacement-therapy>

MASTER COPY
 DC: H-ohw Date: 6/28/2024

beneficiaries. Therefore, healthcare professionals shall not balance bill, charge additional fees on top of the PhilHealth coverage, or ask patients to make a co-payment for professional fees.

- F. The HD benefits package provides coverage for the following minimum standards required by CKD5 patients:

HD Package Inclusions	Minimum Standards
Drugs/Medicines	Any of the following preparations of Erythropoietin listed in the latest edition of the Philippine National Formulary (PNF), as indicated: 1. 4000 units/vial 2. 5000 units/vial 3. 10,000 units/vial Iron Sucrose IV, as indicated Heparin OR Enoxaparin, as needed
Laboratory Tests	Any or all, as needed: 1. Complete Blood Count (CBC) 2. Serum Creatinine 3. Hepatitis Profile 4. Alkaline Phosphatase 5. Potassium, Phosphorus, Calcium 6. Serum Iron/Ferritin/Transferrin, Total Iron Binding Capacity (TIBC) 7. Albumin
Supplies	Either of the following types of dialyzers, as needed: 1. Low-Flux 2. High-Flux
Administrative and Other Fees	Use of HD machines, utilities, staff time

Table 2: Minimum Standards of Hemodialysis Benefits Package

- G. Accredited public and private HD facilities shall ensure that clients receive at least the minimum standards of care listed in Table 2 of this PhilHealth Circular. The minimum standards are based on clinical practice guidelines and aim to ensure good outcomes. Not all services listed in Table 2 are indicated simultaneously during each treatment session, but this depends on the patient's clinical assessment and specific clinical indications.
- H. Accredited public and private HD providers shall not balance bill or charge a co-pay for the covered services or minimum standards listed in Table 2 of this PhilHealth Circular.
- I. All PhilHealth beneficiaries with CKD5 undergoing hemodialysis shall have no co-payment or out-of-pocket for the covered services or minimum standards listed in Tables 1 and 2 of this PhilHealth Circular.

MASTER COPY
 DC: Hb-afw Date: 6/28/2024

- J. Accredited public and private HD providers are encouraged to collaborate in developing strategies for pooled procurement of commonly prescribed medicines, laboratory and diagnostic tests, and supplies to leverage prices from suppliers.
- K. The accredited HD providers may enter into a memorandum of agreement (MOA) with other health facilities to outsource laboratory and diagnostic services. Provided, further, that the MOA shall comply with the provisions of this policy, specifically the no co-pay for the minimum standards and not to balance bill for the covered services listed in Table 2 of this PhilHealth Circular.
- L. PhilHealth shall disseminate a separate issuance for the standards of care for hemodialysis, which shall be used for quality assurance purposes, monitoring of the quality of care, claims audit, and compliance with the delivery of quality healthcare services, among others.
- M. All accredited HD providers shall maintain minimum stock levels of essential and life-saving medicines and supplies at all times to ensure the timely delivery of quality healthcare services.
- N. Essential drugs and medicines shall be stored, handled, and administered according to prescribed standards, including cold chain. Thus, to maintain the quality and integrity of drugs and medicines needed to ensure the quality delivery of HD treatment sessions, PhilHealth highly encourages HD providers and their clients to adhere to specified standards.
- O. HD providers shall not charge patients for registration to the PhilHealth Dialysis Database.
- P. Accredited public and private health facilities providing HD services shall be subject to PhilHealth's performance monitoring policy, including compliance with "No Copayment" for the covered services or minimum standards listed in Tables 1 and 2 of this PhilHealth Circular.
- Q. Accredited Free-Standing Dialysis Centers and private health facilities providing HD services shall not selectively choose patients, refuse clients based on their capacity to pay, or refer patients to public health facilities without justifiable reasons.
- R. All accredited health facilities providing services for HD shall comply with all the provisions in their Performance Commitment and other rules and regulations governing PhilHealth accreditation.
- S. HD providers shall provide PhilHealth with the necessary reports, as warranted, pertinent to patient clinical outcomes, including mortality data or deaths.
- T. Accredited public and private health facilities with HD services are likewise strongly encouraged to be accredited for the benefits package

MASTER COPY
 DC: 16-ctm Date: 6/28/2024

for Peritoneal Dialysis (PD), a cost-effective and sustainable alternative to hemodialysis, and offer PD services and patient education on the different modalities of renal replacement therapy.

U. Claims Filing

1. Accredited HD providers shall strictly follow current PhilHealth policies on claims submission, submission of properly accomplished PhilHealth claims forms (CF), Statement of Account (SOA), and other data and documentary requirements stipulated in existing policies. Submission of SOA shall follow PhilHealth Circular No. 2023-0026, "Electronic Data Submission of Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)."
2. Accredited HD providers shall follow all relevant laws, such as RA No. 9994 or the Expanded Senior Citizens Act of 2010 and RA No. 10754 or the Benefits and Privileges of Persons with Disability (PWD), including prospective laws providing mandatory discounts, guidelines of the Bureau of Internal Revenue (BIR), and the order of charging based on Joint Administrative Order No. 2020-0001, entitled: Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act." With this, PhilHealth benefits and all mandatory discounts provided by law, such as senior citizen and PWD discounts, shall be deducted first from the patient's total facility bill.
3. Accredited HD providers shall properly accomplish PhilHealth Claim Form 2 (CF2) Part III, "Consumption of Benefits" and the SOA.
4. Accredited HD providers shall file all claims to PhilHealth within the prescribed filing period of sixty (60) calendar days. Direct filing by members/beneficiaries is discouraged and not allowed.
5. As indicated, processing of blood for blood transfusion and insertion or re-insertion of cannula for hemodialysis have corresponding case rates, which shall be filed separately from the HD claim.
6. The medical director and attending physician of the HD facility shall ensure the accuracy and truthfulness of all information reflected in the claim documents submitted to PhilHealth.

MASTER COPY
DC: Hb-afm Date: 6/25/2024

V. Claims Evaluation and Payment

1. The 45-day annual benefit limit shall not apply to the 156 HD benefits package.
2. In the event that the CKD5 patient on HD needs hospital confinement, blood transfusion, or re-insertion of cannula for hemodialysis, the

HD session shall be filed separately and shall not be treated as an overlapping claim with the inpatient claim, blood transfusion, or insertion of cannula for hemodialysis. As such, these procedures may be claimed simultaneously.

3. Unutilized HD treatment sessions of the current year shall not be carried over to the succeeding year.
 4. PhilHealth shall reimburse accredited HD providers the published rate for hemodialysis using a case-based provider payment mechanism based on the minimum standards listed in Tables 1 and 2 of this PhilHealth Circular. Any amount declared in the SOA below or above the published rate shall not be interpreted as over or underpayment.
 5. Accredited public and private HD providers shall release the professional fees to their affiliated healthcare professionals within one month of receiving the PhilHealth reimbursement.
 6. PhilHealth reserves the right to subject any or all claims to claims review/audit before and/or after payment or reimbursement of accredited HD providers, following existing policy.
- W. In case of delays in the filing of claims due to natural calamity or other fortuitous events, the existing policy of PhilHealth on providing special privileges to those affected by fortuitous events shall apply.
- X. Benefit delivery and provider performance shall be monitored using PhilHealth's current monitoring policy. Claims audits shall be conducted upon implementation of this PhilHealth Circular to monitor provider behavior and evaluate this policy as necessary.
- Y. PhilHealth shall conduct a policy review of this benefits package as necessary in consultation and collaboration with key stakeholders, experts, and implementers.
- Z. PhilHealth shall undertake active marketing and communications activities following its integrated social marketing and communication plan (SMCP) to educate the general public, increase awareness of this benefits package, and promote informed decision-making and participation among patients, healthcare professionals, healthcare providers, and other stakeholders.
- AA. Patients are strongly encouraged to provide feedback or report concerns about the implementation of the HD policy or their experience with benefit availment during HD treatment sessions to the Corporate Action Center (CAC) via the hotline (02)886-225-88 or email actioncenter@philhealth.gov.ph.

MASTER
COPY

DC: *Hoan* Date: *6/25/2024*

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of Republic Act No. 7875, as amended by Republic Act Nos. 9241 and 10606, and RA No. 11223, and their respective Implementing Rules and Regulations, including the PhilHealth Rules on Administrative Cases (PROAC).

VII. TRANSITORY CLAUSE

All claims with the date of HD treatment sessions prior to the effectivity of this policy shall follow the rules prescribed in PhilHealth Circular No. 2023-0009 (Institutionalization of 156 Hemodialysis Sessions).

VIII. SEPARABILITY CLAUSE

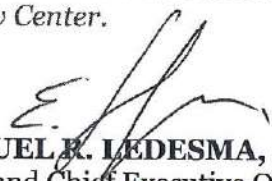
In the event that any part or provision of this PhilHealth Circular is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE

This PhilHealth Circular amends PC No. 2023-0009 (Institutionalization of 156 Hemodialysis Sessions). All other PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect on July 1, 2024, following the completion of its publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.


EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer
Date signed: 6/28/24

MASTER COPY
DC: 160009 Date: 6/28/2024