



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR

No. 2024-0023

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 2)

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).

Despite the increase in PhilHealth reimbursement rate of PHP4000, patients undergoing hemodialysis continue to incur significant out-of-pocket (OOP). Further, hemodialysis facilities provided feedback that the benefit rate is inadequate to implement the no copay policy. Thus, PhilHealth, through Board Resolution No. 2939 s. 2024 (Resolution of approving the rates adjustment of the hemodialysis benefit package from 4,000 to 6,350 pesos and related to copayment policies) approved the HD benefits package adjustment explicitly listing the covered services under the no copayment to ensure financial risk protection of PhilHealth beneficiaries with CKD5 undergoing hemodialysis.

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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>



II. OBJECTIVES

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

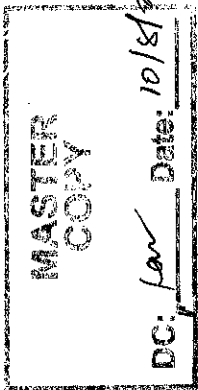
III. SCOPE

This PhilHealth Circular covers the adjusted package rate for HD sessions.

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

IV. DEFINITION OF TERMS

- A. Balance Billing⁴** - 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** - 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** - 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)** - 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. Conservative Kidney Management (CKM)⁶** - care for people with kidney failure that focuses predominantly on providing kidney-supportive care to promote quality of life but does not include kidney replacement therapy.
- F. Co-Payment** - 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 care before service access to manage moral



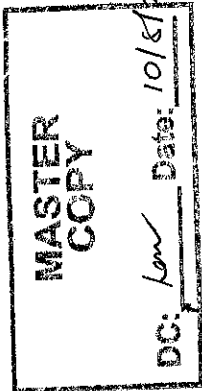
⁴ Viriyathorn, S., Witthayapipopsakul, W., Kulthanmanusorn, A., Rittimanomai, S., Khuntha, S., Patcharanarumol, W., & Tangcharoensathien, V. (2023, May 11). Definition, Practice, Regulations, and Effects of Balance Billing: A Scoping Review. *Health Services Insights*, 16, 1-14. 10.1177/11786329231178766

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

⁶ Kidney International (2024) 105, 35-45; <https://doi.org/10.1016/j.kint.2023.10.001>

hazards and adverse incentives⁷. 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 insurer⁸.

- G. *Emergency Hemodialysis Treatment***⁹ - a non-scheduled dialysis procedure that requires immediate treatment for a life-threatening condition that needs to be addressed.
- H. *Hemodiafiltration (HDF)***¹⁰ - a form of renal replacement therapy that utilizes convective therapy to remove middle to high-molecular-weight toxins added to conventional hemodialysis, which uses standard diffusive therapy to remove low-molecular-weight toxins.
- I. *Hemodialysis (HD)*** - 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.”
- J. *Minimum Standards of Care***¹¹ - essential or mandatory services that HFAs are obliged to provide based on clinical practice guidelines (CPG) and/or expert consensus as approved by the Corporation.
- K. *Out-of-Pocket Payment (OOP)***¹² - 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.
- L. *Peritoneal Dialysis (PD)***¹³ - 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.
- M. *PhilHealth Hemodialysis Benefits Package Agreement Form*** - the supporting document attached to hemodialysis claims, listing PhilHealth's covered services and the HD facility's additional or premium services beyond the PhilHealth coverage subject to copayment agreed upon by the patient and the HD provider.
- N. *PhilHealth Dialysis Database (PDD)*** - 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).



⁷ PC No. 2021-0022. The Guiding Principles of the Z Benefits (*Revision 1*)

⁸ PC No. 2021-0001. Rues for Adjusting Case Rates

⁹ Emergency Dialysis (Unpublished). September 2024. Philippine Society of Nephrology.

¹⁰ Hemodiafiltration (Unpublished). August 2024. National Kidney & Transplant Institute.

¹¹ PC No. 2021-0022. The Guiding Principles of Z Benefits (*Revision 1*)

¹² 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*)

¹³ <https://www.sciencedirect.com/topics/biochemistry-genetics-and-molecular-biology/peritoneal-dialysis#definition>

- O. **Premium Service/s**—considered amenities and refer to additional service/s or treatment modalities provided by hemodialysis facilities beyond PhilHealth coverage for conventional HD.
- P. **Renal Replacement Therapy (RRT)**¹⁴ – also known as kidney replacement therapy is 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.
- Q. **Telemedicine**¹⁵ - the delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies to exchange valid information for diagnosis, treatment, and prevention of disease, continuing education of healthcare providers, all in the interest of advancing the health of individuals and their communities.

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 calendar year for PhilHealth beneficiaries with CKD5 prescribed with hemodialysis. HD treatment sessions beyond 156 shall be subject to co-payment agreed upon between the accredited HD facility and the patient as reflected on the PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A) or complemented by other funding sources.
- C. All accredited healthcare providers shall fully explain to the patient the contents/details and significance of the PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A) in the language that the patient understands.
- D. All patients diagnosed with CKD5 shall be registered in the PDD in accordance with PC No. 2016 – 0007, titled: “PhilHealth Dialysis Database (PDD).”
- E. The package rate for HD is Six Thousand Three Hundred Fifty Pesos (PHP 6350) per treatment session, divided between the health facility (HF) and the professional.

Package Rate	Health Facility Fee	Professional Fee
PHP 6350	PHP 6000	PHP 350

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¹⁴ <https://www.yalemedicine.org/clinical-keywords/renal-replacement-therapy>

¹⁵ DOH-DILG-PHIC Joint Administrative Order No. 2021-0001. Guidelines on the Implementation of Telemedicine in the Delivery of Individual-Based Health Services

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

- F. The *health facility and professional fees (PF)* indicated in Table 1 represent PhilHealth's basic coverage, which is meant to offer financial risk protection to its beneficiaries.
- G. A maximum co-payment of PHP 450 for the PF for additional services, such as telemedicine and/or other services needing immediate intervention to manage complications arising during a treatment session, and interventions beyond the conventional routine HD services provided by nephrologists shall be allowed, which shall be reflected on the PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A).
- H. The HD benefits package provides coverage for the following services required by CKD5 patients:

HD Package Inclusions	Covered Services
Drugs/Medicines	<p>Anemia Management</p> <p>1. Erythropoietin-Stimulating Agents (ESA)</p> <p>Dose: 50 to 100 units per kg 3x a week (adult), administered IV or subcutaneous using:</p> <ul style="list-style-type: none"> a. Any of the following preparations of epoetin alpha (Human Recombinant Erythropoietin) listed in the latest edition of the Philippine National Formulary (PNF), as indicated: <ul style="list-style-type: none"> a.1. 2000 IU/0.5 mL pre-filled syringe a.2. 4000 IU/0.4 mL pre-filled syringe a.3. 4000 IU/mL, 1 mL vial a.4. 4000 IU/mL solution for injection in 1 mL pre-filled syringe a.5. 10,000 IU/mL pre-filled syringe b. Any of the following preparations of epoetin beta (Recombinant Erythropoietin) listed in the latest edition of the PNF, as indicated: <ul style="list-style-type: none"> b.1. 2000 IU/0.3 mL pre-filled syringe b.2. 5000 IU/0.3 mL pre-filled syringe b.3. 10,000IU/0.6 mL pre-filled syringe

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	<p>2. Iron Sucrose 20 mg/mL, 5 mL ampule, IM, IV, SC, loading dose 100 mg each dialysis for a total of 10 doses or total cumulative dose of 1000 mg, as indicated. Iron Sucrose Maintenance Dose is 100-200 mg/month.</p>
	<p><i>Anticoagulation</i></p> <p>As needed for anticoagulation during HD treatment session, heparin unfractionated at a dose of 2,000 units bolus followed by 500-750 units/hour or maximum of 1000 units/hour in the next 3 hours using any of the preparations listed in the latest PNF:</p> <ol style="list-style-type: none"> 1. Heparin sodium 1000 IU/mL, 5 mL vial 2. Heparin sodium 5000 IU/mL, 5 mL vial 3. Heparin sodium 1000 IU/mL, 30 mL vial 4. Heparin sodium 5000 IU/mL, 30 mL vial
<p>Laboratory Tests</p>	<p>Based on clinical assessment of healthcare provider, as indicated and as needed, the following laboratory tests are covered by PhilHealth:</p> <ol style="list-style-type: none"> 1. Complete Blood Count (CBC) monthly 2. Pre- and post-dialysis BUN monthly 3. Serum Creatinine monthly 4. Potassium, Phosphorus, Calcium monthly 5. Serum Sodium, monthly 6. Serum Albumin every three (3) months 7. Hepatitis Profile (HBsAg, anti-HBs, anti-HCV IgM, anti HCV total, HBe Ag, Anti HBe) every 6 months, as necessary and indicated 8. Serum Iron/Ferritin/Transferrin, Total Iron Binding Capacity (TIBC), as needed, based on patient's clinical assessment

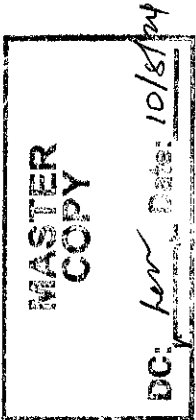
Supplies	<p>1. <i>PhilHealth covers a maximum of thirty-two (32) units of dialyzers per calendar year using any of the following biocompatible membranes as indicated for the patient:</i></p> <ul style="list-style-type: none"> a. Low-Flux b. High-Flux <p><i>PhilHealth shall allow up to five (5) uses of the dialyzer.</i></p> <p>2. <i>Hemodialysis Solutions (e.g., Acid Concentrates and Sodium Bicarbonate) listed in the latest edition of the Philippine National Formulary (PNF)</i></p> <p>3. <i>One (1) Dialysis Kit per treatment session, which contains the following items:</i></p> <ul style="list-style-type: none"> a. AV Fistula kit b. As needed, Central Venous Catheter Kit c. Fistula needles d. Plain Normal Saline Solutions (PNSS) e. Syringes, gauze, rolls of medical adhesive paper tape f. Bloodlines (Hemodialysis Blood Tubing Set)
Administrative and Other Fees	Use of HD machines, <i>facility fee</i> , utilities, staff time

Table 2: Covered Services of Hemodialysis Benefits Package

- I. *As part of their Performance Commitment, all accredited public and private HD facilities shall ensure that all the drugs/medicines, laboratory tests, and supplies listed in Table 2 of this PhilHealth Circular are available at all times and when needed by the patient. PhilHealth shall strictly monitor the compliance of accredited HD facilities with this policy provision.*
- J. 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-payment for the *covered services of PhilHealth* listed in Table 2 of this PhilHealth Circular.
- K. Accredited public and private HD facilities shall ensure that *PhilHealth beneficiaries* receive the *drugs, laboratory tests, and supplies* listed in Table 2 of this PhilHealth Circular *when needed*. Not all services listed in Table 2 are *provided* simultaneously during each treatment session, but this depends on the patient's clinical assessment and specific clinical indications.

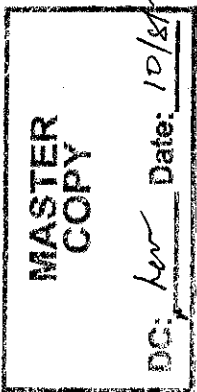
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- L. Additional and premium services, drugs, and supplies not covered by PhilHealth shall be subject to a co-payment agreed upon by the patient and the healthcare provider as reflected on the PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A) or may be complemented by other funding sources, such as:
1. Additional doses of erythropoietin stimulating agent (ESA) beyond the recommended dose of 50-100 units per kilogram 3x a week;
 2. Additional charges for premium services of choice such as hemodiafiltration (HDF) and other treatment modalities, private room, and other special features.
 3. Additional laboratory tests, when indicated, such as:
 - a. Alkaline Phosphatase
 - b. Aspartate Amino Transferase (AST), Alanine Transaminase (ALT)
 - c. Intact parathyroid hormone
 - d. Other laboratory tests not listed in Table 2 of this PhilHealth Circular
 4. Additional units of dialyzers in excess of thirty-two (32) units per calendar year.
 5. HD treatment sessions beyond 156 sessions per calendar year.
- M. PhilHealth beneficiaries who opt for HDF and other premium services are still entitled to HD coverage of PHP 6350 per treatment session. Thus, the HD facility shall reflect the PhilHealth coverage in their clients' billing charges.
- N. Other funding sources may complement PhilHealth's hemodialysis benefits for services outside the PhilHealth coverage and extend medical assistance to specific patients, such as the following:
1. Patients who require single-use dialyzers or less frequent dialyzer re-use, such as those with HIV, COVID-19, and patients with increased thrombotic tendency. However, PhilHealth reiterates that they are entitled to a maximum of thirty-two (32) dialyzers and 156 treatment sessions per calendar year.
 2. Patients requiring additional doses of erythropoietin-stimulating agents (ESA) and other drugs/medicines beyond PhilHealth's HD coverage;
 3. Patients requiring a special room or isolation room;
 4. Patients requiring additional laboratory tests and diagnostic work-ups beyond PhilHealth's HD coverage;



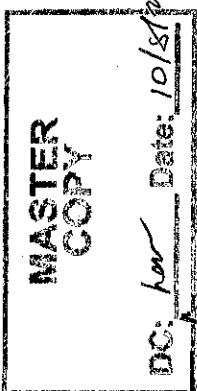
5. *HD treatment sessions beyond PhilHealth's coverage of 156 sessions per calendar year.*

- O. Accredited public and private HD providers shall not balance bill or charge a co-payment for the covered services listed in Table 2 of this PhilHealth Circular.
- P. All PhilHealth beneficiaries with CKD5 undergoing hemodialysis shall have no co-payment or out-of-pocket for the covered services listed in Table 2 of this PhilHealth Circular.
- Q. 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.
- R. 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.
- S. 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.
- T. 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.
- U. HD providers shall not charge patients for registration to the PhilHealth Dialysis Database.
- V. Accredited public and private health facilities providing HD services shall be subject to PhilHealth's performance monitoring policy.
- W. *Accredited Free-Standing Dialysis Centers (FDC) 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. PhilHealth shall strictly monitor the compliance of accredited HD facilities with this policy provision.*
- X. 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.
- Y. HD providers shall provide PhilHealth with the necessary reports, as warranted, pertinent to patient clinical outcomes, including mortality data



or deaths and other reports required by PhilHealth, including other documentation and feedback on CKD5 patients prescribed with HD.

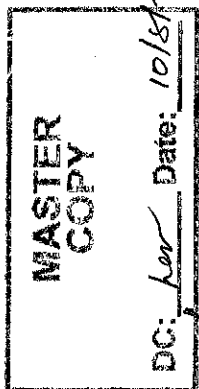
- Z. PhilHealth encourages all healthcare providers to re-evaluate their patients on the second year of HD initiation or, as necessary, to discuss plans regarding kidney transplantation or other treatment options, such as shifting to peritoneal dialysis, unless there are medical contraindications to kidney transplantation (e.g., history of cancer) or peritoneal dialysis (e.g., disease of the abdominal wall, inflammatory bowel disease, intraabdominal tumors, intestinal obstruction, active serositis, or known allergy to PD solutions). Healthcare providers are likewise highly encouraged to discuss conservative kidney management as part of supportive care to promote quality of life.
- AA. To ensure good clinical outcomes and efficient use of healthcare resources, PhilHealth beneficiaries with CKD5 are encouraged to adhere to the HD prescriptions and follow-up visits as agreed upon with their attending nephrologist.
- BB. Chronic dialysis patients may need emergency dialysis, apart from their scheduled treatments, when they have life-threatening conditions, such as refractory acidosis, toxic ingestion or overdose of certain substances, electrolyte imbalances, intractable volume overload, uremia, etc. Accredited HD providers shall submit annual reports of CKD5 patients who underwent emergency hemodialysis, including the reason/s for the emergency HD. PhilHealth shall strictly monitor the compliance of accredited HD facilities with this policy provision.
- CC. Accredited public and private health facilities with HD services are likewise strongly encouraged to be accredited for the benefits package 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.
- DD. Claims Filing
1. Accredited HD providers shall submit the accomplished PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A) for each treatment session, indicating the details of additional items, premium services, and PF for the co-payment agreed upon by the patient and the provider.
 2. Accredited HD providers shall strictly adhere to the 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, particularly on the submission of electronic SOA as specified in PhilHealth Circular No. 2023-0026, "Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)."



3. 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 "Act Expanding 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 *DOH-DSWD-PCSO-PHIC* Joint Administrative Order No. 2020-0001 [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 of 2019"]. 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.
4. Accredited HD providers shall properly accomplish PhilHealth Claim Form 2 (CF2) Part III, "Consumption of Benefits" and the SOA.
5. 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.
6. Accredited health facilities that provide emergency hemodialysis services to CKD5 patients should indicate on Claim Form 2 both the procedure code 90935 and the ICD-10 code of N18.5 for chronic kidney disease stage 5 to distinguish it from acute kidney injury with the ICD-10 code of N17, where the kidney injury could be reversible as it was secondary to an acute illness.
7. As indicated, blood transfusion and insertion or re-insertion of cannula for hemodialysis have corresponding case rates, which shall be filed separately from the HD claim.
8. The medical director of the HD facility, the patient's attending physician, and the dialysis unit staff shall ensure the accuracy and truthfulness of all information reflected in the claim documents they submit to PhilHealth.

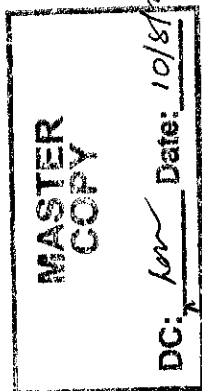
EE. Claims Evaluation and Payment

1. The 45-day annual benefit limit shall not apply to the 156 HD benefits package.
2. Emergency hemodialysis treatment of CKD5 patients shall be deducted from the allotted 156 HD sessions per calendar year. The procedure code 90935 and ICD-10 code N18.5 shall be indicated on Claim Form 2.
3. 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.

4. Unutilized HD treatment sessions of the current year shall not be carried over to the succeeding year.
 5. PhilHealth shall reimburse accredited HD providers the published rate for hemodialysis using a case-based provider payment mechanism (*PPM*) based on the *covered services* 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.
 6. *Accredited* public and private HD providers shall release the professional fees to their affiliated healthcare professionals within one month of receiving the PhilHealth reimbursement *as specified in PhilHealth Circular No. 0035, s. 2013, "Implementing Guidelines on Medical and Procedure Case Rates."*
 7. 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.
- FF. In case of *claims filing delays* due to natural calamities or other fortuitous events, *PhilHealth's existing policy* of providing special privileges to those affected by fortuitous events shall apply.
- GG. 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.
- HH. PhilHealth shall conduct a policy review of this benefits package as necessary in consultation and collaboration with key stakeholders, experts, and implementers.
- II. 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, *adherence of patients to their HD prescription*, and participation among patients, healthcare professionals, healthcare providers, and other stakeholders.
- JJ. *Patients and healthcare providers* 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)8862-2588 or email actioncenter@philhealth.gov.ph.



VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of RA No. 7875, as amended by RA Nos. 9241 and 10606 (National Health Insurance Act of 2013), RA No. 11223 (Universal Health Care Act), 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. 2024-0014 [*Institutionalization of 156 Hemodialysis Sessions and Coverage Expansion (Revision 1)*].

VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or 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. 2024-0014 [*Institutionalization of 156 Hemodialysis Sessions and Coverage Expansion (Revision 1)*]. 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 *immediately* after 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.

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DC: Law Date: 10/8/24

EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 10/07/2024



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**PHILHEALTH HEMODIALYSIS BENEFITS PACKAGE
 AGREEMENT FORM**

HD Treatment Session No. _____
Date (Month/Day/Year) _____

This document is intended to verify that you have received adequate information verbally and in writing, including PhilHealth's guidelines for availing of the benefits package for hemodialysis (HD). The HD facility should clearly explain to you the significance of the contents of this Agreement Form in the language that you understand and will furnish you with a copy of the form for each unique treatment session.

I have been fully informed by Dr./Mr./Ms. _____ of the PhilHealth policies on availing of the benefits package for HD.

I understand that PhilHealth covers up to 156 treatment sessions per calendar year for patients with chronic kidney disease stage 5 (CKD5).

I understand that the HD package provides coverage for the minimum standards required by CKD5 patients, as enumerated in the applicable PhilHealth policy.

I understand that the package rate for HD is PHP 6,350 per treatment session. This includes the fees for the health facility and the professional.

I understand that the provision of the services depends on the patient's status; therefore, I will receive the following services that are clinically indicated and necessary for my treatment session:

	Items Covered by PhilHealth	Put a check () if indicated and a cross mark (x) if not indicated
MASTER COPY	Drugs/Medicines	
	Epoetin alpha (Human Recombinant Erythropoietin)	
	1. 2000 IU/0.5 mL pre-filled syringe	
	2. 4000 IU/0.4 mL pre-filled syringe	
	3. 4000 IU/mL, 1 mL vial	
	4. 4000 IU/mL solution for injection in 1 mL pre-filled syringe	
	5. 10,000 IU/mL pre-filled syringe	
	Epoetin beta (Recombinant Erythropoietin)	
	1. 2000 IU/0.3 mL pre-filled syringe	
	2. 5000 IU/0.3 mL pre-filled syringe	
	3. 10,000 IU/0.6 mL pre-filled syringe	
	Iron Sucrose 20 mg/mL, 5 mL ampule	
	Heparin	
	1. Heparin sodium 1000 IU/mL, 5 mL vial	
	2. Heparin sodium 5000 IU/mL, 5 mL vial	
3. Heparin sodium 1000 IU/mL, 30 mL vial		



4. Heparin sodium 5000 IU/mL, 30 mL vial	
Laboratory tests	
1. Complete blood count	
2. Serum creatinine	
3. BUN	
4. Hepatitis profile	
5. Alkaline phosphatase	
6. Potassium	
7. Phosphorus	
8. Calcium	
9. Sodium	
10. Serum iron/ ferritin/ transferrin, total iron binding capacity	
11. Albumin	
Supplies	
Dialyzer, low-flux	
Dialyzer, high-flux	
Hemodialysis Solutions	
Dialysis Kit	
Administrative & Other Fees, specify:	

I understand that I may be charged a copayment for the following items, amenities, additional services, and premium services that are not covered by PhilHealth (attach additional sheet as necessary):

MASTER COPY
 Date: 10/18/24
 DC: [Signature]

Item	Unit/Quantity	Price (PHP)
		Total

I have been furnished with a list of possible funding sources for medical assistance that may complement the PhilHealth benefits for HD.

Conforme:

 Printed name and signature of patient

Date: _____

Witness: _____

 Printed Name and signature

 Printed name & signature
 HD Facility Representative

Date: _____

 Date: