



TAMANG SAGOT (TS)

Gabay sa tamang pag-unawa sa PhilHealth Circular

Circular No.	2024-0023
Title	<u>Institutionalization of 156 Hemodialysis Sessions and Coverage Expansion (Revision 2)</u>

Tanong	Sagot				
1. Ano ang nilalaman ng Circular?	Mga tuntunin sa paggamit ng adjusted benefit package para sa 156 hemodialysis (HD) sessions. Ngayon, P6,350/session na ang sagot ng PhilHealth o P990,600 buong taon.				
2. Ano ang mga gamot at serbisyong kasama sa HD benefit package?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">HD Package Inclusions</th> <th style="text-align: center;">Covered Services</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Drugs/Medicines</td> <td> <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> <p>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:</p> <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 <p>b. Any of the following preparations of epoetin beta (Recombinant Erythropoietin) listed in the latest edition of the PNF, as indicated:</p> <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 <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> </td> </tr> </tbody> </table>	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> <p>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:</p> <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 <p>b. Any of the following preparations of epoetin beta (Recombinant Erythropoietin) listed in the latest edition of the PNF, as indicated:</p> <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 <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>
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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> <p>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:</p> <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 <p>b. Any of the following preparations of epoetin beta (Recombinant Erythropoietin) listed in the latest edition of the PNF, as indicated:</p> <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 <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>				



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	<p>Anticoagulation</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 	
Laboratory Tests	<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, antiHCV 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	<ol style="list-style-type: none"> 1. 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: <ol style="list-style-type: none"> a. Low-Flux 	




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		<p>b. High-Flux</p> <p>PhilHealth shall allow up to five (5) uses of the dialyzer.</p> <p>2. Hemodialysis Solutions (e.g., Acid Concentrates and Sodium Bicarbonate) listed in the latest edition of the Philippine National Formulary (PNF)</p> <p>3. One (1) Dialysis Kit per treatment session, which contains the following items:</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 at Iba pang bayarin	Gamit ng HD machines, bayad sa HD facility, utilities, at staff time
3. Lahat ba ng mga gamot at serbisyong nakasaad sa Circular ay dapat ibigay sa pasyente tuwing magpapadialysis?	<p>Hindi. Ang mga nakasaad na covered services ay mga serbisyong dapat makuha ng pasyente kada HD session base sa kaniyang pangangailangan, kundisyon, at preskripsyon ng nephrologist.</p> <p>Kung hindi naman kailangan o prescribed ng nephrologist, hindi ito dapat ibigay o hingin ng pasyente.</p>	
4. Masasagot ba ng pinalawig na benepisyo ang kabuuang gastos ng pasyente para sa isang HD session?	<p>Oo. Ang P6,350 na benepisyo kada HD session ay sapat para sagutin ang kabuuang gastos ng pasyente. Ito ay base sa resulta ng pag-aaral ng PhilHealth para sa covered services na hango naman sa mga datos mula sa accredited</p>	

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	HD facilities.
5. Ipinatutupad ba ang “no co-payment” policy sa government at private HD facilities?	<p>Oo. Ang “no co-payment” policy ay ipinatutupad sa government at private HD facilities. Ibig sabihin, hindi dapat singiling ng karagdagang bayad ang pasyente para sa mga gamot at serbisyong kasama sa benefit package.</p> <p>Ngunit pwedeng maningil ng karagdagang bayad ang HD facility para sa mga serbisyong hindi nakasaad sa Tables 1 at 2 ng Circular.</p>
6. Ano ang naging basehan ng PhilHealth upang itaas sa P6,350/session ang benefit package?	<p>Naobserbahan ng PhilHealth na naglalabas pa rin ng pera ang mga pasyente kahit itinaas na sa P4,000 mula sa dating P2,600 ang HD benefit package.</p> <p>Bukod dito, ipinaabot ng mga HD facilities na hindi sapat ang P4,000 para ipatupad ang “no co-payment” policy. Kaya inaprubahan ng PhilHealth Board of Directors ang muling pagpapalawig ng HD para masiguro ang proteksiyong pinansyal ng mga pasyenteng may Chronic Kidney Disease Stage 5 (CKD5).</p> <p>Base rin ang pagtaas sa mga datos na isinumite ng mga pampubliko at pribadong HD facilities at mga L1-L3 health facilities na sumali sa nationwide costing survey para sa hemodialysis na sinuportahan ng pag-aaral ng PhilHealth Actuary.</p>
7. Mababawasan ba ang 156 HD session kung sakaling ma-admit sa iba pang sakit o procedures ang pasyente habang nagda-dialysis?	<p>Hindi. Kung kailangang ma-confine ang isang CKD5 patient, ang benepisyo para sa HD session ay pwedeng i-claim kasabay ng admission ng pasyente. Kumbaga, magkahiwalay na claim para sa HD at confinement o operasyon.</p>
8. Paano kung ang HD facility ay walang kakayahang magbigay ng laboratory tests?	<p>Ang mga HD facility ay maaaring pumasok sa isang memorandum of agreement (MOA) sa ibang health facility upang doon gawin ang laboratory at diagnostic tests.</p> <p>Nakasaad sa MOA ang mga probisyon ng patakarang ito, partikular ang “no co-payment” policy para sa minimum standards ayon sa Table 2 ng Circular.</p>
9. Maaari bang magpataw ng karagdagang bayad sa professional fee (PF) ang nephrologist sa mga pasyente?	<p>Oo. Itinakda sa Circular ang maximum co-payment na P450 sa PF para sa karagdagang serbisyo katulad ng telemedicine at iba pang serbisyong kailangan para tugunan ang anomang kumplikasyon habang nagda-dialysis ang pasyente.</p>

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	Pinapayagan ang mga ito ngunit kinakailangang i-detalye sa PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A).
10. Tungkol sa pagsumite ng PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A), kailangan bang kada HD session meron nito?	Oo. Kinakailangang mag sumite ng PhilHealth Hemodialysis Benefits Package Agreement Form (Annex A) kada HD session meron man o walang karagdagang serbisyo na binigay sa pasyente o copay na binayad ng pasyente.
11. Kailan maaring magpataw ng karagdagang bayad ang mga HD facilities?	Ito ay pinapayagan kung para sa mga serbisyong hindi nakapaloob sa covered services ayon sa Tables 1 at 2 ng Circular.
12. Ano ang mga tinatawag na additional at premium services, drugs, and supplies na hindi covered ng PhilHealth?	<ol style="list-style-type: none"> 1. Karagdagang doses of erythropoietin stimulating agent (ESA) maliban sa nakasaad na dosage na 50-100 units per kilogram 3x a week; 2. Additional charges para sa premium services katulad ng HD pagpili ng hemodiafiltration (HDF) at iba pang treatment modalities, private room, at iba pa; 3. Karagdagang laboratory tests, kung kinakailangan, tulad ng: <ol style="list-style-type: none"> a. Alkaline Phosphatase b. Aspartate Amino Transferase (AST), Alanine Transaminase (ALT) c. Intact parathyroid hormone d. Iba pang laboratory tests na hindi nakalista sa Table 2; 4. Karagdagang units ng dialyzers na higit sa 32 units sa loob ng isang calendar year; at 5. HD treatment sessions na higit sa 156 sessions sa loob ng isang calendar year.