



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**

No. 2022-0030

**TO : ALL CONTRACTED HEALTH FACILITIES FOR THE Z BENEFITS FOR PREMATURE OR SMALL NEWBORNS AND ALL OTHERS CONCERNED**

**SUBJECT : The Z Benefits for Premature or Small Newborns (Revision 1)**

**I. RATIONALE**

*In the Countdown to 2030, Sustainable Development Goal (SDG) 3 urges the reduction of neonatal mortality to at least 12 per 1000 live births (LB), while the 2020 Early Essential Newborn Care (EENC) target neonatal mortality rate (NMR) is less than 10 per 1000 LB, nationally and in all subnational areas<sup>1</sup>. In 2017, the Philippines' NMR was 14 per 1000 LB<sup>2</sup>, a 20% decline spanning 25 years.*

*Forty-six percent of the Philippines' under-5 deaths are newborns, of which thirty-two percent result from preterm birth complications. This translates to over 7,300 premature newborn deaths in a year.<sup>3</sup> Physiologically, term babies with low birth weight (LBW) may likewise experience similar risks as premature babies, with higher risk for short- and long-term morbidity and mortality. In 2015, the Philippines was one of five countries having a higher LBW rate of 20.1% relative to the 14.6% estimated global prevalence<sup>4</sup>.*

The condition of prematurity and LBW can be catastrophic because of the required degree of specialized care. Yet, the unavailability and/or inaccessibility of standard services alongside financial constraints prevent the timely administration of cost-effective interventions. These include essential services for pregnant women at risk of preterm delivery and also those that address 75 percent of preventable deaths in premature and LBW newborns. Therefore, the Philippines commits to achieving universal health coverage, to deliver essential health services to all, with PhilHealth steering the development of benefit packages that provide financial risk protection even against catastrophic health spending.

*The birth and subsequent care of a premature or LBW infant presents a potentially challenging case for health care financing. However, there is a window prior to delivery in which the provision of locally available cost-effective yet standard-of-care interventions could timely reduce the impact of high-risk maternal conditions and lower both maternal and newborn morbidity and deaths.*

<sup>1</sup> WHO WPRO. Action plan for healthy newborn infants in the Western Pacific Region (2014-2020). Manila, 2014. Available at:

<https://iris.wpro.who.int/handle/10665.1/10454>

<sup>2</sup> Philippine Statistics Authority (PSA) and ICF. 2018. Philippines National Demographic and Health Survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF. Available at [https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017\\_new.pdf](https://psa.gov.ph/sites/default/files/PHILIPPINE%20NATIONAL%20DEMOGRAPHIC%20AND%20HEALTH%20SURVEY%202017_new.pdf)

<sup>3</sup> Healthy Newborn Network. Leading Causes of Neonatal Deaths in the Philippines 2017. Available from

<https://www.healthynetwork.org/country/philippines/>

<sup>4</sup> Blencowe H, Krusevec J, de Onis M, Black RE, An X, Stevens G, Borghi E, Hayashi C, Estevez D, Cegolon L, Shiekh S, Hardy VP, Lawn JE, Cousens S (2019) National, regional, and worldwide estimates of low birthweight in 2015, with trends from 2000: a systematic analysis. *The Lancet Global Health* 2015; 7: e849-60. [http://dx.doi.org/10.1016/S2214-109X\(18\)30565-5](http://dx.doi.org/10.1016/S2214-109X(18)30565-5)

The PhilHealth Board of *Directors*, per Board Resolution No. 2126 s. 2016, approved the Z Benefits for premature and LBW newborns with the perspective of capturing the preventive to curative approach to patient care. *This* strategy drives proper and timely assessment, stabilization, and referral to appropriate levels of care.

## II. OBJECTIVES

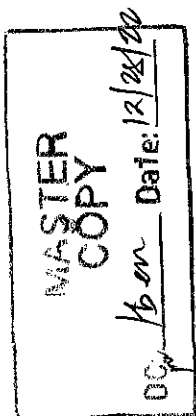
This *PhilHealth* Circular aims to establish the guiding principles and define the policies and procedures for *delivering* quality health services for all women and premature or small newborns under *this* Z Benefit.

## III. SCOPE

This *PhilHealth* Circular shall apply to all contracted health *facilities* (HFs) of the Z Benefits for premature or small newborns and other relevant stakeholders involved in its implementation.

## IV. DEFINITION OF TERMS

- A. **Additional Care** - *pertains to interventions that include the use of neonatal resuscitation to further help the establishment of breathing and circulation; care that facilitates early referral or admission of premature or small newborns who require it to optimize clinical stability and establish their eventual feeding; additional care interventions may include but are not limited to bag and mask ventilation, pre-transport stabilization<sup>5</sup>.*
- B. **Bereavement Support** - *interventions that assist families in the entire period and process precipitated by a fetal, neonatal, or infant loss<sup>6</sup>; with the goal of decreasing feelings of sorrow, psychosocial stress, and social isolation<sup>7</sup>.*
- C. **Contracted Health Facility (HF)** - *a PhilHealth-accredited health facility that enters into a contract with PhilHealth for the provision of specialized care.*
- D. **Coordinated Referral** - *means establishing a formal and documented communication and financing mechanism, including administrative arrangements between health providers in referring and referral health facilities that facilitate the proper and timely endorsement and appropriate care of a woman at risk for preterm delivery. The referring facility is the sending HF while the referral facility is the receiving HF primarily contracted for the Z Benefits. The coordinated referral includes remote supervision of pre-transport stabilization procedures by the receiving hospital physician to include but not be limited to administration of the first dose of life-saving drugs (e.g. magnesium sulfate, dexamethasone) and antibiotics<sup>8</sup>.*
- E. **Cost-effective Care** - *referring to an intervention that is considered financially optimal if there is no other available intervention that offers a clinically appropriate benefit at a lower cost.*



<sup>5</sup> WHO WPRO EENC Clinical Practice Pocket Guide, 2nd Ed, 2022. Textbook of Neonatal Resuscitation. 2006, American Academy of Pediatrics and Karlsen, Kristen. The S.T.A.B.L.E. Program, Learner/ Provider Manual: Post-Resuscitation/ Pre-Transport Stabilization Care of Sick Infants- Guidelines for Neonatal Healthcare Providers 6th ed., 2012).

<sup>6</sup> Pediatrics and Child Health 2001 Sep; Vol. 6 No.7; pages 469-477.

<sup>7</sup> Kenner C, Press J, Ryan D. Recommendations for palliative and bereavement care in the NICU: a family-centered integrative approach. J Perinatol. 2015 Dec; 35(Suppl 1): S19-S23. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4660047/#bib17>

<sup>8</sup> DOH AO 2010-0014 Administration of Life-saving Drugs and Medicine by Midwives

- F. **Disability Adjusted Life Years (DALYs)** - the sum of years of potential life lost due to premature mortality and the years lost to life due to disability; summary measure to indicate the overall burden of disease across a population.
- G. **Eclampsia** - refers to new onset of grand mal seizure activity and/or unexplained coma during pregnancy or postpartum in a woman with signs or symptoms of preeclampsia. It typically occurs after the 20th week of gestation or in the postpartum period (*up to six weeks after delivery*).
- H. **Essential Intrapartum and Newborn Care (EINC)** - a package of interventions performed for the mother and newborn dyad in the intrapartum period. The four – core time-bound steps of EINC include 1. immediate and thorough drying, 2. early skin-to-skin contact, 3. properly timed cord clamping, and 4. non-separation of the mother from the newborn for early breastfeeding. As less than 10 percent of newborns will require additional care, the steps of EINC may not be completely performed. The acronym EINC is used interchangeably with EENC or Early Essential Newborn Care (the quality assurance program of the WHO Western Pacific Regional Office).
- I. **Financial Risk Protection** - is a key component of Universal Health Care (UHC), which is defined as access to all needed quality health services without financial hardship.
- J. **Health Care Provider Network** – refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner.
- K. **In Utero Transport** - transfer of the woman to a referral facility (*the contracted health facility*) while still pregnant.
- L. **Kangaroo Care** - a universally available and biologically sound method of care for all newborns, but, in particular, for premature or LBW babies, with three components: a) skin-to-skin contact, b) exclusive breastfeeding and c) support to the mother-infant dyad.
- M. **Low Birth Weight (LBW)** - defined as a birth weight of a live born infant of less than 2500g regardless of gestational age.
- N. **Major Complications** - complications arising from prematurity or being born with LBW such as jaundice, sepsis, respiratory distress syndrome (RDS), patent ductus arteriosus (PDA), apnea, intraventricular hemorrhage (IVH), and anemia requiring intensive care.
- O. **Major Ventilatory Support** - consists of the use of a mechanical ventilator through the following (but not limited to) routes: endotracheal tube, laryngeal mask, or tracheostomy.
- P. **Medical Futility** - a situation wherein further interventions will not change the eventuality of the baby's imminent death; or that the baby has an underlying condition(s) that will not be improved by interventions and which may lead to death within days to months<sup>9</sup>.
- Q. **Minor Complications** - complications arising from prematurity or being born with LBW such as jaundice and hypothermia, not requiring intensive care.

<sup>9</sup> Wilkinson DJ, Savulescu J. Knowing when to stop: futility in the ICU. *Curr Opin Anaesthesiol.* 2011;24(2):160-165. doi:10.1097/ACO.0b013e328343c5af

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R. **Minor Ventilatory Support** - consists of the use of a bubble or bottle of continuous positive airway pressure.

S. **Neonatal Intensive Care** - specialized care of the sick newborn that uses a combination of advanced technology such as mechanical ventilation and skills of trained health professionals such as neonatologists and neonatal nurses. Intensive care referred to corresponds to at least Level II (PSNbM NEOHAB 2020) OR Level III Neonatal Intensive Care Unit (NICU) complex (PPS HAB 2013) providing services or levels of care for:

1. Comprehensive High-risk and Intensive Care
2. Special / Continuing Care / Step Down Area or Unit - for selected high-risk newborns requiring acute care management/monitoring of problems anticipated to resolve rapidly
3. Kangaroo Mother Care (KMC)
4. Delivery Room
5. Postnatal/maternity wards

T. **Neonatal Mortality** - is defined as a death in the first 28 days of life (0 to 27 days).

U. **Non-institutional Delivery (NID)** - a newborn whose birth did not occur in the Z Benefit-contracted HF. Instead, the newborn was delivered outside of any health facility.

V. **Postmortem Care** - refers to the respectful care of the body of a deceased baby including, but not limited to, the performance of postmortem blood extractions or spinal taps for microbiologic studies, removal of invasive devices (but only if an autopsy is not to be performed), cleaning to remove blood stains, etc., especially over the face (if for presentation to family), attachment of identification tags and wrapping of the body.

W. **Pre-eclampsia, Severe** - defined as having a systolic blood pressure (BP) of 160 mm Hg or higher or a diastolic BP of 110 mm Hg or higher, or both, on two (2) occasions four (4) hours apart, with 2+ proteinuria in the urine of a pregnant woman after 20 weeks age of gestation with previously normal BP with any of the following signs and/or symptoms: headache (increasing frequency, unrelieved by regular analgesics), vision changes (e.g. blurred vision), oliguria (passing less than 400 ml of urine in 24 hours), upper abdominal pain (epigastric pain or pain in right upper quadrant), difficulty breathing or pulmonary edema, nausea and vomiting, or hyperreflexia or clonus. In facilities with laboratory capacity, liver enzymes (transaminases) more than twice the normal range; serum creatinine higher than 1.1 mg/dL or a doubling, or higher, of the baseline serum creatinine concentration in the absence of other renal disease; or platelet count less than 100,000 cells/mL ( $100 \times 10^9/L$ ).<sup>10</sup>

X. **Premature Newborn** - a newborn of 24 to less than 37 weeks of gestational age. In the absence of a reliable gestational age, a newborn weighing less than 2500 g.

Y. **Preterm Birth** - defined as babies born alive before the 37 weeks of pregnancy are completed. There are subcategories of preterm birth based on gestational age, these are: extremely preterm (<28 weeks), very preterm (28 to <32 weeks), moderate to late preterm (32 to <37 weeks).

Z. **Preterm Birth Rate** - is defined as the number of preterm births divided by the number of live births multiplied by 100.

<sup>10</sup> World Health Organization. Managing complications in pregnancy and childbirth: a guide for midwives and doctors – 2nd ed. Geneva: 2017. Page S-53

**AA. Preterm pre-labor rupture of membrane (pPROM)** - rupture of membranes before the onset of true uterine contractions *occurring before 37 weeks age of gestation.*

**BB. Small newborn** - a newborn weighing between 1,500 g to less than 2500g; or *32 to < 37 weeks* by Ballard exam, or *best obstetric estimate by early trimester ultrasound results (if available), or by last menstrual period.*

**CC. Very small newborn** - a newborn weighing less than 1500g; or *24 to < 32 weeks* by Ballard exam, or *best obstetric estimate by early trimester ultrasound results (if available) or by last menstrual period.*

## V. POLICY STATEMENTS

A. The *benefits* package shall be value-based, *addressing the highest disability-adjusted life years (DALY) averted while prioritizing and adopting cost-effective interventions.* The emphasis is to ensure quality healthcare services and good health outcomes.

B. The *benefits* package shall contribute to the attainment of universal health coverage and financial risk protection for all members.

Eligible members and their dependents can access the health services *from a contracted health facility, either with no out-of-pocket or with a co-payment stipulated in the contract between PhilHealth and the contracted HF.*

*Patients admitted in basic ward accommodation are excluded from co-payment. However, if they would opt for amenities, such as an upgrade of room accommodation or additional services not covered by PhilHealth, including patients' choice of medical provider even while they are admitted in a ward accommodation, contracted HF's can charge a co-payment that should not exceed the package rate.*

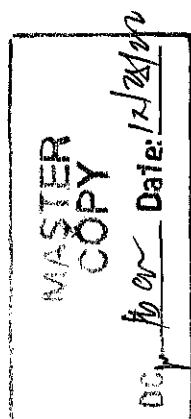
C. The *benefits* package shall encourage the holistic care of the mother-baby dyad with a comprehensive approach to quality patient care, *covering primary to catastrophic services in a multidisciplinary setting. This shall facilitate team management and strengthen referral systems within a healthcare provider network (HCPN).*

D. The Z Benefits prioritizes contracting tertiary government HF's for implementing catastrophic benefits and delivering quality health care, especially for the marginalized sectors of society, to access the minimum standards of care that lead to optimum outcomes.

*Where there is no tertiary government HF, or the government HF cannot provide the mandatory services, PhilHealth has the prerogative to contract private HF's to deliver the minimum standards required of this benefit package, strictly following the current policy on contracting providers.*

E. This benefit package is for all women at-risk of preterm delivery and premature or small newborns requiring at least level 2 specialized care in a neonatal intensive care unit or directly admitted to the kangaroo mother care unit.

F. In the case of a premature or small newborn who dies, PhilHealth shall pay the claim without requiring the following mandatory services after death:



1. Vaccines (preferably indicated as listed in the checklist or Annex C.2)
2. Screening (preferably indicated as listed in the checklist or Annex C.2)
3. Pre-discharge counseling

*As such, post-mortem care, bereavement support, and counseling shall be the requirements for claims filing.*

- G. *In the case of a newborn delivered in a non-contracted HF and subsequently transferred to a contracted HF, the latter would require documentation of interventions (Annex J), including the specification of intrapartum services administered in the sending facility.*

*Essential intrapartum and newborn care are still mandatory for newborns delivered in a non-institutional setting subsequently received and admitted to a contracted HF.*

- H. *PhilHealth shall pay claims of premature or small newborns facing medical futility who are discharged, provided that the HF submits a certification of medical futility (Annex N) and the list of mandatory services provided (Annex C.2). In such cases, the following are no longer required for the payment of these claims:*

1. Vaccines (preferably indicated as listed in the checklist or Annex C.2)
2. Screening (preferably indicated as listed in the checklist or Annex C.2)
3. Pre-discharge counseling
4. Postmortem care, bereavement support, and counseling

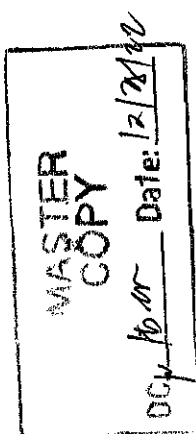
- I. *For purposes of monitoring the outcomes of care, policy research and quality improvement, the indicators for medical futility are provided in Annex O of this Circular.*

- J. *Pertinent provisions in PhilHealth Circular 2021-0022 "Guiding Principles of the Z Benefits (Revision 1), including annexes, apply to this benefits package.*

#### K. Codes, Descriptions, and Package Rates

##### 1. Z016.1, Z016.2, Z016.3 and Z016.4

- a. *Z016.1 to Z016.4 shall be applicable to women (24 to 36 and 6/7 weeks of gestation) at risk for preterm delivery, who present at Maternity Care Package (MCP) - accredited facilities that have a memorandum of agreement with the contracted HF to provide such services;*
- b. *The contracted HF, as the receiving or referral facility, shall establish formal and documented administrative, communication, and financing procedures and arrangements with the referring facility/(-ies) to facilitate the proper and timely endorsement of the woman at risk for preterm delivery for appropriate care;*
- c. *The sending or referring facility shall immediately provide appropriate care and facilitate coordinated referral. The receiving hospital physician shall provide remote supervision of pre-transport stabilization procedures to include, but not be limited to administration of the first dose of life-saving drugs (e.g. magnesium sulfate, dexamethasone and antibiotics);*



- d. The woman should still be able to avail of the applicable PhilHealth benefit for continuing management of her high-risk condition at the contracted HF;
- e. As conditions may coexist in a pregnant woman, specified packages for the prevention of complications of preterm delivery may be concurrently availed up to three (3) times during the course of the pregnancy, as needed, with or without the coordinated referral and transfer package; and

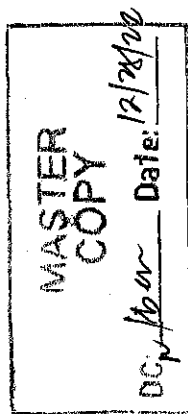
Scenario	Z Code/s	Reimbursement decision
1	Z016.1	Pay
2	Z016.2	Pay
3	Z016.3	Pay
4	Z 016.1 + Z016.2 + Z016.4	Pay
5	Z016.1 + Z016.2	Pay
6	Z016.1 + Z016.4	Pay
7	Z016.2 + Z016.4	Pay
8	Z016.3 + Z016.4	Pay
9	Z016.4	Deny payment
10	Z016.1 + Z016.3	Deny payment
11	Z016.2 + Z016.3	Deny payment

Table 1: Scenarios on the Availment of Benefit Packages and Decision to Reimburse

- f. Referring and referral HFs that are within the same compound/ grounds/ premises (e.g. birthing homes located within referral centers) cannot avail of the reimbursement for Z016.4, but should still facilitate proper coordination and referral.

Z Code	Description	Rate (Php)
Z016.1	Prevention of complications of preterm delivery, with severe preeclampsia/eclampsia	3,000
Z016.2	Prevention of complications of preterm delivery, with preterm pre-labor rupture of membranes (pPROM)	1,500
Z016.3	Prevention of complications of preterm delivery with other high-risk conditions such as preterm labor, vaginal bleeding, multifetal pregnancy	600
Z016.4	With coordinated referral and transfer from a referring facility	4,000

Table 2: Z Benefit Package Codes, Descriptions and Rates for the Prevention of Complications of Preterm Delivery



2. Z016.5, Z016.6, Z016.7, Z016.8 and Z016.9

- a. The following benefits shall be available for premature newborns who are visually small or very small, 24 weeks to <37 weeks by gestational age (i.e. Ballard examination or best obstetric estimate) OR less than 2500 grams birth weight.

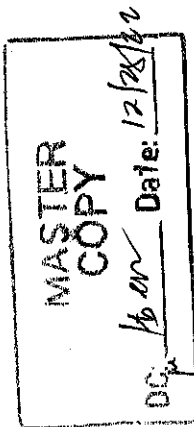
*In cases wherein the gestational age and birth weight fall under different sub packages, the applicable benefit shall be based on the birth weight.*

Z Code	Description	Rate (Php)
Z016.5	Essential interventions for 24 weeks to <32 weeks OR birth weight less than 1500 grams (down to a minimum of 24 weeks gestational age by Ballard examination)	35, 000
Z016.6	Essential interventions with minor ventilatory support and Kangaroo Care for 24 weeks to <32 weeks OR birth weight less than 1500 grams (down to a minimum of 24 weeks gestational age by Ballard examination)	85, 000
Z016.7	Essential interventions with major ventilatory support and Kangaroo Care for 24 weeks to <32 weeks OR birth weight less than 1500 grams (down to a minimum of 24 weeks gestational age by Ballard examination)	135, 000

Table 3: Z Benefit Package Codes, Descriptions, and Rates for Preterm (24 to <32 Weeks of Gestational Age by Ballard Examination or Best Obstetric Estimate) OR Very Small Newborns OR Birth Weight Less Than 1500 Grams (Down to a Minimum of 24 Weeks Gestational Age By Ballard Examination)

Z Code	Description	Rate (Php)
Z016.8	Essential interventions for 32 weeks to <37 weeks OR birth weight 1500 grams to less than 2500 grams	24, 000
Z016.9	Essential interventions with mechanical ventilation and Kangaroo Care for 32 weeks to <37 weeks OR birth weight 1500 grams to less than 2500 grams	71, 000

Table 4: Z Benefit Package Codes, Descriptions and Rates for Premature (32 To <37 Weeks of Gestational Age by Ballard Examination or Best Obstetric Estimate) OR Small Newborns OR Birth Weight 1500 Grams to Less Than 2500 Grams





## L. List of Mandatory and Other Services

The following table shows the list of mandatory and other services for the prevention of complications of preterm delivery:

Z Code	Mandatory Services	Other Services, as needed
Z016.1	Antenatal steroid i.e., dexamethasone IM or betamethasone IM  Anticonvulsant for severe preeclampsia i.e., magnesium sulfate IM  <i>For women in active labor (cervical dilatation <math>\geq 4</math> cm), assessment of labor using the World Health Organization (WHO) partograph<sup>b</sup></i>	Tocolytic agent (ex. nifedipine) <sup>1</sup> Calcium gluconate IV
Z016.2	Antenatal steroid i.e. dexamethasone IM or betamethasone IM  Antibiotic for pPROM (ex. erythromycin or ampicillin)  <i>For women in active labor (cervical dilatation <math>\geq 4</math> cm), assessment of labor using the World Health Organization (WHO) partograph<sup>b</sup></i>	Tocolytic agent (ex. nifedipine) <sup>1</sup>
Z016.3	Antenatal steroid i.e., dexamethasone IM or betamethasone IM  <i>For women in active labor (cervical dilatation <math>\geq 4</math> cm), assessment of labor using the WHO partograph<sup>b</sup></i>	Tocolytic agent (ex. nifedipine) <sup>1</sup>
Z016.4	Coordinated referral and transfer from a referring facility	None

Table 5: Mandatory and Other Services for the Prevention of *Complications of Preterm Delivery*

<sup>1</sup> For women at risk of imminent preterm birth who have an otherwise uncomplicated pregnancy, the acute use of a tocolytic drug to prolong pregnancy (up to 48 hours) can be considered to provide a window for administration of antenatal steroid and/or in utero fetal transfer to an appropriate neonatal health care setting. (WHO 2015)

<sup>b</sup> The **partograph** may not be indicated for specific conditions. See in Annex E.1 no. 8 or Annex E.2 no. 9.

The following table shows the mandatory and other services for premature (24 To <32 weeks of gestational age by Ballard examination or best obstetric estimate) OR very small newborns OR birth weight less than 1500 grams:

Areas of clinical care	Mandatory Services or Minimum Standards	Other Services, as needed
<b>Z016.5</b>		
Management	<ul style="list-style-type: none"> <li>• Essential Intrapartum and Newborn Care (EINC)<sup>a</sup></li> <li>• Thermoregulation</li> <li>• Empiric antibiotic therapy (e.g. Ampicillin, Gentamycin)</li> </ul>	<ul style="list-style-type: none"> <li>• Newborn resuscitation</li> <li>• Intensive care</li> <li>• Surfactant therapy</li> <li>• Mechanical ventilation</li> <li>• Non-invasive continuous positive airway pressure (CPAP)</li> <li>• Oxygen support</li> <li>• Management of infection: antibiotics for sepsis</li> <li>• Management of anemia</li> <li>• Management of apnea</li> <li>• Management of intraventricular hemorrhage (IVH); screening for IVH</li> <li>• Management of jaundice</li> <li>• Breastfeeding / Breast milk feeding and counseling</li> <li>• Kangaroo Care</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• Complete blood count (CBC)</li> <li>• Blood typing</li> <li>• Bedside glucose test</li> <li>• Blood culture and sensitivity (Blood CS)</li> </ul>	<ul style="list-style-type: none"> <li>• Serum sodium, potassium, calcium, creatinine (Na, K, Ca, Cr)</li> <li>• Chest X-ray (antero-posterior / antero-posterior and lateral (AP/APL) / babygram)</li> <li>• Cranial ultrasound</li> <li>• Total serum bilirubin</li> <li>• Blood gas determination</li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• Peripheral IV insertion</li> </ul>	<ul style="list-style-type: none"> <li>• Endotracheal intubation</li> <li>• Surfactant administration</li> <li>• Phototherapy</li> <li>• Umbilical venous cannulation</li> <li>• Umbilical artery cannulation</li> </ul>
Medicines	<ul style="list-style-type: none"> <li>• Erythromycin eye ointment <sup>a</sup></li> <li>• Vitamin K <sup>a</sup></li> <li>• IV fluid: D<sub>5</sub> Water or</li> </ul>	<ul style="list-style-type: none"> <li>• IV antibiotics (ampicillin, gentamicin, amikacin and others as determined by hospital antibiogram)</li> </ul>

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<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
	D <sub>10</sub> Water	<ul style="list-style-type: none"> <li>• Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV)</li> <li>• Anticoagulant (e.g. heparin)</li> <li>• Surfactant</li> <li>• IV fluid such as D5 electrolyte solution, 0.9 NaCl, plain Lactated Ringer's (LR), D<sub>50</sub> Water</li> </ul>
<i>Vaccines</i>	<ul style="list-style-type: none"> <li>• <i>Bacillus Calmette-Guerin (BCG)</i><sup>b, c</sup></li> <li>• <i>Hepatitis B</i><sup>b, c</sup></li> </ul>	None
<i>Screening</i>	<ul style="list-style-type: none"> <li>• <i>Newborn hearing screening (oto-acoustic emission, OAE)</i><sup>b, c</sup></li> <li>• <i>Screening for retinopathy of prematurity (ROP)</i><sup>b, c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Newborn screening</i></li> </ul>
<i>Others</i>	<ul style="list-style-type: none"> <li>• <i>Pre-discharge counseling (for a family prior to going home)</i><sup>b, c</sup> OR <i>postmortem care, bereavement support and counseling for when a newborn dies</i></li> </ul>	None
<b>Z016.6</b>		
Management	<ul style="list-style-type: none"> <li>• EINC<sup>a</sup></li> <li>• Thermoregulation</li> <li>• Empiric antibiotic therapy</li> <li>• Breastfeeding / Breast milk feeding and counseling</li> <li>• Kangaroo Care</li> </ul>	<ul style="list-style-type: none"> <li>• Newborn resuscitation</li> <li>• Intensive care</li> <li>• <i>Surfactant therapy</i></li> <li>• <i>Non-invasive CPAP</i></li> <li>• <i>Oxygen support</i></li> <li>• Management of jaundice</li> <li>• Management of infection: antibiotics for sepsis</li> <li>• Management of anemia</li> <li>• Management of apnea</li> <li>• Management of IVH; screening for IVH</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Blood typing</li> <li>• Total serum bilirubin</li> <li>• Bedside glucose test</li> <li>• Blood culture and sensitivity (<i>Blood CS</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Blood gas determination</li> <li>• Serum sodium, potassium, calcium</li> <li>• Creatinine</li> <li>• Chest X-ray (AP/ APL) / babygram)</li> <li>• Cranial ultrasound</li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• Peripheral IV insertion</li> </ul>	<ul style="list-style-type: none"> <li>• Umbilical venous cannulation</li> <li>• Phototherapy</li> </ul>

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<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
		<ul style="list-style-type: none"> <li>• Endotracheal intubation</li> <li>• Surfactant administration</li> </ul>
Medicines	<ul style="list-style-type: none"> <li>• Erythromycin eye ointment <sup>a</sup></li> <li>• Vitamin K <sup>a</sup></li> <li>• IV fluid: D<sub>5</sub> Water or D<sub>10</sub> Water</li> </ul>	<ul style="list-style-type: none"> <li>• IV antibiotics (ampicillin, gentamicin, amikacin and others as determined by hospital antibiogram)</li> <li>• Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV)</li> <li>• Surfactant</li> <li>• Anticoagulant (e.g. heparin)</li> <li>• Vitamins (e.g. multivitamins PO)</li> <li>• Anti-anemia (ferrous sulfate drops PO)</li> <li>• Parenteral nutrition (e.g. amino acid crystalline solutions)</li> <li>• IV fluids such as D<sub>5</sub> electrolyte solution, 0.9 NaCl, plain Lactated Ringer's (LR), D<sub>50</sub> Water</li> </ul>
Vaccines	<ul style="list-style-type: none"> <li>• Bacillus Calmette-Guerin (BCG) <sup>b, c</sup></li> <li>• Hepatitis B <sup>b, c</sup></li> </ul>	None
Screening	<ul style="list-style-type: none"> <li>• Newborn hearing screening (oto-acoustic emission, OAE) <sup>b, c</sup></li> <li>• Screening for retinopathy of prematurity (ROP) <sup>b, c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Newborn screening</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Pre-discharge counseling (for a family prior to going home) <sup>b, c</sup> OR postmortem care, bereavement support and counseling, as needed, when a newborn dies</li> </ul>	None
<b>Z016.7</b>		
Management	<ul style="list-style-type: none"> <li>• EINC <sup>a</sup></li> <li>• Thermoregulation</li> <li>• Empiric antibiotic therapy</li> <li>• Mechanical ventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Newborn resuscitation</li> <li>• Intensive care</li> <li>• Surfactant therapy</li> <li>• Non-invasive CPAP</li> <li>• Oxygen support</li> <li>• Management of jaundice</li> <li>• Management of infection: antibiotics for sepsis</li> <li>• Management of anemia</li> </ul>

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<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
		<ul style="list-style-type: none"> <li>• Management of apnea</li> <li>• Management of IVH; screening for IVH</li> <li>• Breastfeeding / Breast milk feeding and counseling</li> <li>• Kangaroo Care</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Blood typing</li> <li>• Total serum bilirubin</li> <li>• Bedside glucose test</li> <li>• Blood CS</li> <li>• Blood gas determination</li> <li>• Chest X-ray (AP/APL) / babygram</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-matching of blood type</li> <li>• Prothrombin time</li> <li>• Cerebrospinal fluid (CSF) determination for protein, glucose, cell counts</li> <li>• CSF culture</li> <li>• Serum sodium, potassium, calcium</li> <li>• Creatinine</li> <li>• 2-D echocardiography</li> <li>• Cranial ultrasound</li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• Peripheral IV insertion</li> <li>• Endotracheal intubation</li> </ul>	<ul style="list-style-type: none"> <li>• Surfactant administration</li> <li>• Blood transfusion (pRBC)</li> <li>• Double volume exchange transfusion (whole blood)</li> <li>• Phototherapy</li> <li>• Thoracostomy tube insertion</li> <li>• Thoracentesis (chest needling)</li> <li>• Insertion of central line</li> <li>• Umbilical venous cannulation</li> <li>• <i>Umbilical artery cannulation</i></li> </ul>
Medicines	<ul style="list-style-type: none"> <li>• Erythromycin eye ointment <sup>a</sup></li> <li>• Vitamin K <sup>a</sup></li> <li>• <i>IV fluid: D<sub>5</sub> Water or D<sub>10</sub> Water</i></li> </ul>	<ul style="list-style-type: none"> <li>• IV antibiotics (ampicillin, gentamicin, <i>amikacin</i> and others as determined by hospital antibiogram)</li> <li>• Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV)</li> <li>• Calcium gluconate IV</li> <li>• Anticoagulant (e.g. heparin)</li> <li>• Surfactant</li> <li>• Bronchodilator (e.g. aminophylline IV)</li> <li>• Analgesic (e.g. paracetamol PO)</li> </ul>

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Areas of clinical care	Mandatory Services or Minimum Standards	Other Services, as needed
		<ul style="list-style-type: none"> <li>• Anticonvulsant (e.g. IV or PO phenobarbital)</li> <li>• Vitamins (e.g. multivitamins PO)</li> <li>• Anti-anemia (ferrous sulfate drops PO)</li> <li>• Parenteral nutrition (e.g. amino acid crystalline solutions)</li> <li>• IV fluids such as D5 electrolyte solution, 0.9 NaCl, plain Lactated Ringer's (LR), D<sub>50</sub> Water</li> </ul>
Vaccines	<ul style="list-style-type: none"> <li>• BCG <sup>b, c</sup></li> <li>• Hepatitis B <sup>b, c</sup></li> </ul>	None
Screening	<ul style="list-style-type: none"> <li>• Newborn hearing screening (OAE) <sup>b, c</sup></li> <li>• Screening for ROP <sup>b, c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Newborn screening</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Pre-discharge counseling (for a family prior to going home) <sup>b, c</sup> OR postmortem care, bereavement support and counseling, as needed, when a newborn dies</li> </ul>	None

Table 6: Mandatory and Other Services for Premature (24 To <32 Weeks of Gestational Age By Ballard Examination Or Best Obstetric Estimate) OR Very Small Newborns OR Birth Weight Less Than 1500 Grams

<sup>a</sup> Services are mandatory except for premature or very small babies born in another health facility; also for premature or very small babies who may require additional care after delivery or have mothers who have been assessed to be medically unstable to participate in the EINC dyad.

<sup>b</sup> Except for babies who die. When the premature or very small baby dies, postmortem care and bereavement support for the family is mandatory in lieu of vaccines, screening, and pre-discharge counselling.

<sup>c</sup> In the case of a newborn facing medical futility who is discharged, the following mandatory services may not be applicable.

The following table shows the mandatory and other services for premature (32 to <37 weeks of gestational age by Ballard examination or best obstetric estimate) OR small newborns OR birth weight 1500 grams to less than 2500 grams:

Areas of clinical care	Mandatory Services or Minimum Standards	Other Services, as needed
Z016.8		
Management	<ul style="list-style-type: none"> <li>• EINC<sup>a</sup></li> <li>• Thermoregulation</li> <li>• Breast feeding/ breast milk feeding and support</li> <li>• Kangaroo Care</li> </ul>	<ul style="list-style-type: none"> <li>• Newborn resuscitation</li> <li>• Intensive care</li> <li>• Surfactant therapy</li> <li>• Mechanical ventilation</li> <li>• Non-invasive CPAP</li> <li>• Oxygen support</li> <li>• Management of infection:</li> </ul>

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<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
		empirical antibiotics/antibiotics for sepsis <ul style="list-style-type: none"> <li>• Management of anemia</li> <li>• Management of apnea</li> <li>• Management of IVH; screening for IVH</li> <li>• Management of jaundice</li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Blood typing</li> <li>• Bedside glucose test</li> <li>• Blood CS</li> </ul>	<ul style="list-style-type: none"> <li>• Blood gas determination</li> <li>• Serum sodium, potassium, calcium</li> <li>• Creatinine</li> <li>• Total serum bilirubin</li> <li>• Chest x-ray (AP/AP-L) / babygram</li> <li>• Cranial ultrasound</li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• Peripheral IV insertion</li> </ul>	<ul style="list-style-type: none"> <li>• Endotracheal intubation</li> <li>• Surfactant administration</li> <li>• Phototherapy</li> <li>• Umbilical venous cannulation</li> </ul>
Medicines	<ul style="list-style-type: none"> <li>• Erythromycin eye ointment <sup>a</sup></li> <li>• Vitamin K <sup>a</sup></li> <li>• IV fluid: D<sub>5</sub> Water or D<sub>10</sub> Water</li> </ul>	<ul style="list-style-type: none"> <li>• IV antibiotics (ampicillin, gentamicin, amikacin and others as determined by the hospital antibiogram)</li> <li>• Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV)</li> <li>• Surfactant</li> <li>• Vitamins (e.g. multivitamins PO)</li> <li>• Anti-anemia (ferrous sulfate drops PO)</li> <li>• Anticoagulant (e.g. heparin)</li> <li>• IV fluids such as D<sub>5</sub> electrolyte solution, 0.9 NaCl, plain Lactated Ringer's (LR), D<sub>50</sub> Water</li> </ul>
Vaccines	<ul style="list-style-type: none"> <li>• BCG <sup>b, c</sup></li> <li>• Hepatitis B <sup>b, c</sup></li> </ul>	None
Screening	<ul style="list-style-type: none"> <li>• Newborn hearing screening (OAE) <sup>b, c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Newborn screening</li> <li>• Screening for ROP</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Pre-discharge counseling (for a family prior to going home) <sup>b, c</sup> OR postmortem care, bereavement support and counseling, as</li> </ul>	None

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<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
	<i>needed, when a newborn dies</i>	
<b>Z016.9</b>		
Management	<ul style="list-style-type: none"> <li>• EINC<sup>a</sup></li> <li>• Thermoregulation</li> <li>• Empiric antibiotic therapy</li> <li>• Mechanical ventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Newborn resuscitation</li> <li>• Intensive care</li> <li>• Surfactant therapy</li> <li>• <i>Non-invasive</i> CPAP</li> <li>• Oxygen support</li> <li>• Management of jaundice</li> <li>• Management of infection: antibiotics for sepsis</li> <li>• Management of anemia</li> <li>• Management of apnea</li> <li>• Management of IVH; screening for IVH</li> <li>• <i>Breast feeding/ breast milk feeding and support</i></li> <li>• <i>Kangaroo Care</i></li> </ul>
Diagnostics	<ul style="list-style-type: none"> <li>• CBC</li> <li>• Blood typing</li> <li>• Chest x-ray (AP/ AP-L) /babygram</li> <li>• Blood gas determination</li> <li>• Blood CS</li> <li>• Bedside glucose test</li> <li>• Total serum bilirubin</li> </ul>	<ul style="list-style-type: none"> <li>• Serum sodium, potassium, calcium</li> <li>• Creatinine</li> <li>• Cross-matching of blood type</li> <li>• Prothrombin time</li> <li>• CSF determination for protein, glucose, cell count</li> <li>• CSF culture</li> <li>• Cranial ultrasound</li> <li>• <i>2D echocardiography</i></li> </ul>
Procedures	<ul style="list-style-type: none"> <li>• Peripheral IV insertion</li> <li>• <i>Endotracheal intubation</i></li> </ul>	<ul style="list-style-type: none"> <li>• Surfactant administration</li> <li>• Phototherapy</li> <li>• Blood transfusion (pRBC)</li> <li>• <i>Umbilical venous cannulation</i></li> </ul>
Medicines	<ul style="list-style-type: none"> <li>• Erythromycin eye ointment <sup>a</sup></li> <li>• Vitamin K <sup>a</sup></li> <li>• IV fluids: D<sub>5</sub>Water / D<sub>10</sub>Water</li> </ul>	<ul style="list-style-type: none"> <li>• IV antibiotics (ampicillin, gentamicin, <i>amikacin</i> and others as determined by the hospital antibiogram)</li> <li>• Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV)</li> <li>• <i>Surfactant</i></li> <li>• Vitamins (e.g. multivitamins PO)</li> <li>• Anti-anemia (ferrous sulfate drops PO)</li> </ul>



<i>Areas of clinical care</i>	<i>Mandatory Services or Minimum Standards</i>	<i>Other Services, as needed</i>
		<ul style="list-style-type: none"> <li>• Anticoagulant (e.g. heparin)</li> <li>• Calcium gluconate</li> <li>• Analgesic (e.g. paracetamol PO)</li> <li>• Anticonvulsant (e.g. phenobarbital PO)</li> <li>• IV fluids such as D<sub>5</sub> electrolyte solution, 0.9 NaCl, plain Lactated Ringer's (LR), D<sub>50</sub> Water</li> </ul>
Vaccines	<ul style="list-style-type: none"> <li>• BCG<sup>b, c</sup></li> <li>• Hepatitis B<sup>b, c</sup></li> </ul>	None
Screening	<ul style="list-style-type: none"> <li>• Newborn hearing screening (OAE)<sup>b, c</sup></li> <li>• Screening for ROP<sup>b, c</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Newborn screening</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Pre-discharge counseling (for a family prior to going home)<sup>b, c</sup> OR postmortem care, bereavement support and counseling, as needed, when a newborn dies</li> </ul>	None

Table 7. Mandatory and Other Services for Premature (32 to <37 Weeks of Gestational Age By Ballard Examination Or Best Obstetric Estimate) OR Small Newborns OR Birth Weight 1500 Grams To Less Than 2500 Grams

<sup>a</sup> Services are mandatory except for premature or small babies born in another health facility; also for premature or small babies who may require additional care after delivery or have mothers who have been assessed to be medically unstable to participate in the EINC dyad.

<sup>b</sup> Except for babies who die. When the premature or small baby dies, postmortem care and bereavement support for the family is mandatory in lieu of vaccines, screening, and pre-discharge counselling.

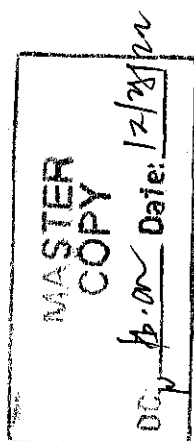
<sup>c</sup> In the case of a newborn facing medical futility who is discharged, the following mandatory services may not be applicable.

#### M. PhilHealth Registry of Newborns

The PhilHealth Registry of Newborns is for implementation by contracted HFs once PhilHealth deploys the system. PhilHealth shall disseminate the policy and guidelines of the registry in a separate issuance.

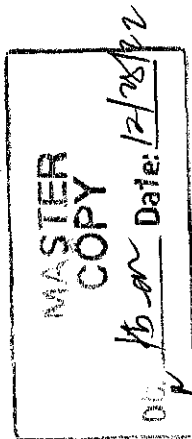
In the meantime, contracted HFs shall submit the Checklist of Eligibility Criteria (Annex A) to their corresponding PhilHealth Regional Office (PRO). Given that the conditions require urgent management, the said conditions are considered an emergency; thus, HFs may submit the Checklist of Eligibility Criteria to the PRO after admission of the patient but before the filing of claims to avail of the Z Benefits.

While the PhilHealth Registry of Newborns is not yet deployed, the designated Z Benefits Coordinator shall encode the Checklist of Eligibility Criteria using the patient registry matrix (Annex B) and send the electronic copy to the PRO and the Benefits Development and Research Department (BDRD) of PhilHealth.



## N. Claims Filing and Reimbursement

1. The contracted HF shall file all claims on behalf of the patients, including claims for the prevention of pre-term delivery complications and subsequent facility transfer of the mother. There shall be no direct filing by PhilHealth members;
2. The package code for the Z benefits for premature or small newborns is Z016;
3. There is no pre-authorization required for the Z benefits for premature or small newborns. Upon admission, the contracted HF shall submit the Checklist of Eligibility Criteria (Annex A) via email to the PRO-Benefit Administration Section (BAS);
4. To file a claim for reimbursement, the contracted HF shall submit the claims application and the following documents to PhilHealth:
  - a. PhilHealth Benefit Eligibility Form (PBEF) printout;
  - b. When the PBEF print-out indicates that the patient is not eligible to avail of PhilHealth benefits, applicable supporting documents shall be attached such as certificate of PhilHealth contributions, Claim Form 1, photocopy of official receipt of latest PhilHealth contribution, updated PhilHealth Member Registration Form or PMRF;
  - c. Photocopy of the Checklist of Eligibility Criteria (Annex A) submitted to PhilHealth prior to filing of claims;
  - d. Properly accomplished Claim Form 2
    - d.1. Part I. Fill out item numbers 1, 2 and 3;
    - d.2. Part II. Fill out item numbers 1, 2, 3, 4, 5, 6, 7, 8b and 10;
    - d.3. For Part II, item number 10, the attending physician must be PhilHealth accredited and must accomplish this part;
    - d.4. Part IIIA. If without co-pay, check the first box. If with co-pay, check the second box. Completely fill out the required information indicated in the corresponding checked item;
    - d.5. The *original or certified true copy (CTC)* of the Statement of Account (SOA) shall be attached to the claim application;
    - d.6. Part IIIB. Accomplish this part; and
    - d.7. Part IV. Accomplish this part.
  - e. Checklist of Mandatory and Other Services (Annex C);
  - f. Photocopy of completely accomplished Z Satisfaction Questionnaire (Annex D);
  - g. Checklist of Requirements for Reimbursement (Annex E); and
  - h. All other requirements as indicated in Annex E.
5. Results of diagnostic and laboratory tests are NOT required as attachments to the claims application. However, these documents should be attached to the patient's chart and shall be checked during monitoring;



6. The Z Satisfaction Questionnaire (Annex D) shall be administered to all patients prior to discharge from the contracted HF. These are validated during monitoring and shall be used as basis of the Corporation for benefits enhancement, policy research and quality improvement purposes;
7. Rules on late filing of claims shall apply; *and*
8. If the delay in filing of claims is due to natural calamities, or other fortuitous events, the contracted HF shall be accorded an extension period *based on existing guidelines of the Corporation.*

*The following table shows the package code with corresponding amount and filing schedule of the packages for the prevention of complications of preterm delivery:*

Package Code	Amount (Php)	Filing Schedule
Z016.1	3,000	Within 30 calendar days upon discharge of the mother from the referring facility <sup>11</sup>
Z016.2	1,500	
Z016.3	600	
Z016.4	4,000	

Table 8: Package Code with Corresponding Amount and Filing Schedule of the Packages for the Prevention of Complications of Preterm Delivery

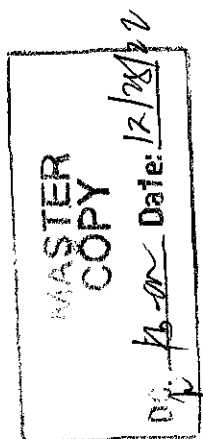
*Specified packages for the prevention of complications of preterm delivery may be concurrently availed, up to 3 times during the course of the pregnancy, as needed, with or without the coordinated referral and transfer package e.g. (Z 016.1 +/- Z 016.2 +/- Z 016.4) OR (Z 016.3 +/- Z 016.4).*

*The following table shows the package code and amount per tranche and filing schedule for premature (24 to <32 weeks gestational age by Ballard examination or best obstetric estimate) OR very small newborns OR birth weight less than 1500 grams:*

Package Code	Amount (Php)	Filing Schedule
Z016.5	35,000	Within 30 calendar days upon discharge of the baby
Z016.6	85,000	
Z016.7	135,000	

Table 9: Package Code and Amount Per Tranche and Filing Schedule for Premature (24 to <32 Weeks Gestational Age By Ballard Examination Or Best Obstetric Estimate) OR Very Small Newborns OR Birth Weight Less Than 1500 Grams

<sup>11</sup> Claim to be filed by the contracted HF



*The following table shows the package code and amount per tranche and filing schedule for (32 to <37 weeks gestational age by Ballard examination or best obstetric estimate) OR small newborns OR birth weight 1500 grams to less than 2500 grams:*

Package Code	Amount (Php)	Filing Schedule
Z016.8	24,000	Within 30 calendar days upon discharge of the baby
Z016.9	71,000	

Table 10: Package Code and Amount Per Tranche and Filing Schedule for (32 to <37 Weeks Gestational Age By Ballard Examination Or Best Obstetric Estimate) OR Small Newborns OR Birth Weight 1500 Grams To Less Than 2500 Grams

#### O. Monitoring

Field monitoring of the Z Benefits for premature *or* small newborns shall be conducted. The method and corresponding tools and consent forms are developed for purposes of benefits monitoring, benefits enhancement, policy research, and continuous quality improvement.

Moreover, the performance indicators and measures to monitor compliance to the policies of the Z Benefits are listed in Annex L. These shall be incorporated in the Health Care Provider Performance Assessment System (HCP PAS) and shall be disseminated in a separate issuance. This will be updated regularly in collaboration with relevant stakeholders and experts.

#### P. Contracting

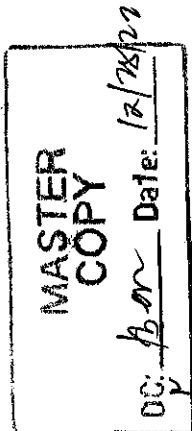
PhilHealth shall engage with capable government and private *HF*s, in the provision of services for the Z benefits for premature *or* small newborns. The minimum requirements for contracting capable *HF*s shall be identified in collaboration with relevant stakeholders (*Annex F*).

#### Q. Policy Review

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

#### R. Marketing and Promotion

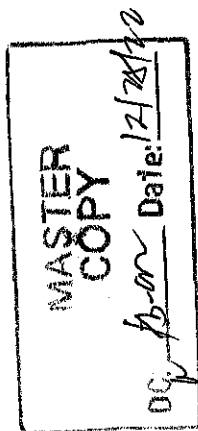
*PhilHealth shall inform/educate the general public, increase awareness of the Z Benefits, and promote informed decision-making among patients, and participation of healthcare professionals, health facilities, and other stakeholders following the integrated marketing and communication plan of PhilHealth.*



## S. Annexes

*The following annexes may be downloaded from the PhilHealth website: [www.philhealth.gov.ph](http://www.philhealth.gov.ph):*

1. Annex A: Checklist of Eligibility Criteria
2. Annex B: Patient Registry Matrix
3. Annex C: Checklist of Mandatory and Other Services
  - a. Annex C.1: Prevention of *Complications of Preterm Delivery*
  - b. Annex C.2: *Premature or Small Baby*
4. Annex D: Z Satisfaction Questionnaire
5. Annex E: Checklist of Requirements for Reimbursement
  - a. Annex E.1: Prevention of *Complications of Preterm Delivery*
  - b. Annex E.2: *Premature or Small Baby*
6. Annex F: *Self-Assessment Tool (SAT)*
7. Annex G: Coordinated Referral and Transfer Form
8. Annex H: Transmittal Form of Claims *for the Z Benefits*
9. Annex I: WHO Partograph
10. Annex J: Essential Intrapartum and Newborn Care (EINC) Protocol Checklist
11. Annex K: Kangaroo Care Protocol Checklist
12. Annex L: Field Survey Tool for Z Benefits for Preventions of Complications of Preterm Delivery and for Premature or Small Baby
13. Annex M: *Pre-discharge Checklist*
  - a. Annex M.1: Pre-discharge Counselling Services Checklist
  - b. Annex M.2: *Post Mortem Care, Bereavement Support and Counselling Services Checklist*
14. Annex N: *Certificate of Medical Futility (for the Z Benefits for Premature or Small Baby)*
15. Annex O: *Indicators for Medical Futility*
16. Annex P: *Other High-Risk Conditions of Pregnant Women*



## VI. PENALTY CLAUSE

*Any violations of this PhilHealth Circular shall be dealt with and penalized in accordance with the pertinent provisions of RA No. 11223, other relevant laws, and R.A. No. 7875, as amended by RA Nos. 9241 and 10606, and their respective Implementing Rules and Regulations.*

## VII. TRANSITORY CLAUSE

*Upon publication of this PhilHealth Circular, PhilHealth shall disseminate information to contracted HFs, and ensure the availability of revised forms in the PhilHealth website and the deployment of necessary revisions in the claims system; and*

*Claims filed prior to the date of the effectivity of this PhilHealth Circular shall follow the provisions of PhilHealth Circular No. 2017-0009 titled "Z Benefits for Premature and Small Newborns."*

## VIII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional, or unenforceable, the validity of the remaining parts or provisions not affected shall remain in full force and enforceable.

## IX. REPEALING CLAUSE

*This PhilHealth Circular repeals PhilHealth Circular No. 2017 – 0009 titled "Z Benefits for Premature and Small Newborns." All circulars, issuances, rules and regulations or parts thereof which are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.*

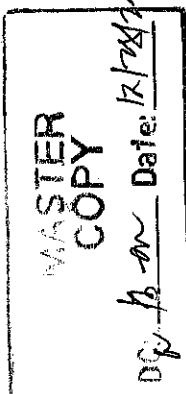
## X. DATE OF EFFECTIVITY

*This PhilHealth Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation. A copy shall thereafter be deposited to the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center.*

  
EMMANUEL R. LEDESMA, JR.

Acting President and Chief Executive Officer (APCEO)

Date signed: 12/20/2022



The Z Benefits for Premature or Small Newborns (Revision 1)

# Annex A: Checklist of Eligibility Criteria

Revised as of September 2022



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Citystate Centre, 709 Shaw Boulevard, Pasig City  
Call Center: (02) 8441-7442 Trunkline: (02) 8441-7444  
www.philhealth.gov.ph



Registry No. \_\_\_\_\_

## CHECKLIST OF ELIGIBILITY CRITERIA

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

Tick box corresponding to the Z Benefit to be availed of and place a (✓) in the status column if YES or write NA, if not applicable.

<input type="checkbox"/> A. For a woman at risk for preterm delivery (Z016.1, Z016.2, Z016.3, Z016.4*)	Status
Eligibility Criteria: (Number 1 AND/ OR 2) AND (any of the complications in number 3)	
1. Estimated gestational age less than 37 weeks, based on any of the following:	
1.1 Early trimester ultrasound (if available)	
1.2 Last menstrual period (LMP)	
2. Estimated fetal weight (EFW) < 2500 grams	
3. Presence of complications	
3.1 Severe pre-eclampsia	
3.2 Eclampsia	
3.3 Preterm, pre-labor rupture of membranes (pPROM)	
3.4 Onset of labor	
3.5 Vaginal bleeding	
3.6 Multifetal pregnancy	

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By: [Signature]

	Status
3.7 Other high-risk conditions**	
4. Coordinated referral and transfer from a referring facility	

\*Eligibility for Z016.4 shall depend on the HCPN arrangements of the contracted HF

\*\* Other high risk conditions are listed in Annex P

<input type="checkbox"/> B. For the <b>NEWBORN</b> <b>(Z016.5, Z016.5, Z016.6, Z016.7, Z016.8, Z016.9)</b> Eligibility criteria: <i>Any 1 AND/OR 2.</i>	Status
<input type="checkbox"/> Born in contracted HF <input type="checkbox"/> Born in another health facility <input type="checkbox"/> Non-institutional delivery (no attending HCP)	
1. Gestational age less than 37 weeks, based on any of the following:	
1.1 Ballard examination	
1.2 Best obstetric estimate	
1.2.1 Early trimester ultrasound (if available) OR	
1.2.2 LMP	
2. Weight less than 2,500 grams	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)	
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**Annex B: Patient Registry Matrix**

Revised on September 2022

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# Annex C.1: Checklist of Mandatory and Other Services - Prevention of *Complications of Preterm Delivery*

Revised as of September 2022



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City  
Call Center: (02) 8441-7442 Trunkline: (02) 8441-7444  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



UNIVERSAL HEALTH CARE  
SALUDAGAN AT KAINIHO SA LAHAT

Registry No. \_\_\_\_\_

### CHECKLIST OF MANDATORY AND OTHER SERVICES

#### Prevention of *Complications of Preterm Delivery*

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Place a (✓) in the status column if DONE or NA if not applicable.

Mandatory and other services	Status
A. Antenatal steroid <input type="checkbox"/> dexamethasone IM; OR <input type="checkbox"/> betamethasone IM	
B. Anticonvulsant for severe pre-eclampsia (magnesium sulfate)	
C. Antibiotic for pPROM <input type="checkbox"/> erythromycin ; OR <input type="checkbox"/> ampicillin ; OR <input type="checkbox"/> others: (specify)	
D. For women in active labor (cervical dilatation $\geq 4$ cm), when applicable, assessment of labor using the World Health Organization (WHO) partograph at the referring facility <ul style="list-style-type: none"> <li>The referring facility must stabilize the woman and initiate assessment of labor, when applicable, using the WHO partograph (for women in active labor) to properly endorse conditions requiring immediate referral to a contracted HF</li> </ul>	

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Mandatory and other services	Status
<p><i>for appropriate management and care indicated in PhilHealth Circular No. s22-2014 revised s25-2015 (Social Health Insurance Coverage and Benefits For Women About To Give Birth): a. Maternal age below 19 years old at the date of delivery; b. First pregnancy in patients with age 35 years and older at the date of delivery; c. Multiple or multifetal pregnancy e.g. twins and triplets; d. Ovarian abnormality (e.g. ovarian cyst); e. Uterine abnormality (e.g. myoma uteri); f. Placental abnormality (e.g. placenta previa); g. Abnormal fetal presentation (e.g. breech); h. History of 3 (three) or more miscarriages/abortion; i. History of 1 (one) stillbirth; j. History of major obstetric and/or gynecologic operation (e.g. cesarean section, uterine myomectomy); k. History of medical conditions (e.g. hypertension, preeclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorder); l. Other risk factors that may arise during present pregnancy (e.g. premature contractions, vaginal bleeding) that warrant referral for further management.</i></p> <ul style="list-style-type: none"> <li>• The partograph is not required in conditions wherein labor and vaginal delivery are contraindicated and immediate CS is indicated such as: obstructed labor due to severely deformed pelvis; uncontrolled hypertension, severe preeclampsia or eclampsia; profuse antepartum hemorrhage (including placenta previa, uterine rupture, or abruptio placenta); malpresentation (including breech, transverse, oblique, or brow), or fetal compromise (including fetal distress, cord prolapse, or severe intrauterine growth restriction) and others.</li> <li>• The partograph is also not required when the newborn was delivered outside a health facility and not likely to have been attended by a health care worker.</li> </ul>	
<p>E. Tocolytic agent, as needed</p> <p><input type="checkbox"/> nifedipine</p> <p><input type="checkbox"/> others: (specify)</p> <p>_____</p>	
<p>F. calcium gluconate IV, as needed</p>	
<p>G. Coordinated referral and transfer from a referring facility</p>	

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 [Signature]

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Parent/Guardian
PhilHealth Accreditation No. <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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DC: ban Date: 12/28/22

# Annex C.2: Checklist of Mandatory and Other Services - Premature or Small Baby

Revised as of September 2022



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UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

### CHECKLIST OF MANDATORY AND OTHER SERVICES

Premature or Small Baby

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

☐ Born in contracted HF

☐ Born in another health facility

☐ Non-institutional delivery (no attending HCP)

☐ <sup>a</sup> - for babies born in another facility, these services would not be mandatory in the contracted HF but a record or documentation that these services were provided in the referring facility is required, also for premature or very small babies who may require additional care after delivery or have mothers who have been assessed to be medically unstable to participate in the EINC dyad.

☐ <sup>b</sup> - Except for babies who die. When the premature or small baby dies, postmortem care and bereavement support for the family is mandatory in lieu of vaccines, screening and pre-discharge counselling.

☐ <sup>c</sup> - In the case of a newborn **facing medical futility** who is discharged, the following mandatory services may not be applicable.

Place a (✓) in the status column if DONE or NA if not applicable.

MANDATORY AND OTHER SERVICES	Status
A. Management	
1. Essential intrapartum and newborn care (EINC) <sup>a</sup>	
2. Thermoregulation	

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DC: HCN Date: 12/28/22

MANDATORY AND OTHER SERVICES		Status
3. Newborn resuscitation, as needed		
4. Intensive care, as needed		
5. Surfactant therapy, as needed		
6. Ventilatory support, as needed <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> <i>Non-invasive</i> continuous positive airway pressure (CPAP)		
7. Oxygen support, as needed		
8. Management of infection: Empirical antibiotics / antibiotics for sepsis, as needed		
9. Management of anemia, as needed		
10. Management of apnea, as needed		
11. Management of intraventricular hemorrhage; screening for intraventricular hemorrhage (IVH), as needed		
12. Management of jaundice, as needed		
13. Breast feeding/breast milk feeding and counseling, as needed		
14. Kangaroo care, as needed		
<b>B. Diagnostics</b>		
1. Complete blood count (CBC)		
2. Blood typing		
3. Bedside glucose test		
4. Blood culture <i>and sensitivity, as needed</i>		
5. Serum sodium, potassium, calcium, as needed		
6. Creatinine, as needed		
7. Chest X-ray (antero-posterior/ antero-posterior & lateral) (AP / APL) / 'babygram', as needed		
8. Cranial ultrasound, as needed		
9. Total serum bilirubin, as needed		
10. Blood gas determination, as needed		
11. Cross-matching of blood type, as needed		
12. Prothrombin time, as needed		

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MANDATORY AND OTHER SERVICES		Status
13. Cerebrospinal fluid (CSF) determination for protein, glucose, cell count, as needed		
14. CSF culture, as needed		
15. 2-D echocardiography, as needed		
<b>C. Procedures</b>		
1. Peripheral IV insertion		
2. Endotracheal intubation, as needed		
3. Surfactant administration, as needed		
4. Phototherapy, as needed		
5. Umbilical venous cannulation, as needed		
6. Umbilical artery cannulation, as needed		
7. Blood transfusion (e.g. packed RBC), as needed		
8. Double volume exchange transfusion (whole blood), as needed		
9. Thoracostomy tube insertion, as needed		
10. Thoracentesis (chest needling), as needed		
11. Insertion of central line, as needed		
<b>D. Medicines</b>		
1. Erythromycin eye ointment <sup>a</sup>		
2. Vitamin K <sup>a</sup>		
3. IV fluid: D <sub>5</sub> water, D <sub>10</sub> water, D <sub>50</sub> water, D <sub>5</sub> electrolyte solutions, 0.9 NaCl, or plain LR, as needed		
4. IV antibiotics, as needed <ul style="list-style-type: none"> <li><input type="checkbox"/> ampicillin</li> <li><input type="checkbox"/> gentamicin</li> <li><input type="checkbox"/> amikacin</li> <li><input type="checkbox"/> others as determined by the hospital antibiogram specify:</li> </ul>		
5. Inotropes, as needed <ul style="list-style-type: none"> <li><input type="checkbox"/> dopamine IV</li> <li><input type="checkbox"/> dobutamine IV</li> <li><input type="checkbox"/> epinephrine IV</li> </ul>		
6. Anticoagulant (e.g. heparin), as needed		

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MANDATORY AND OTHER SERVICES	Status
7. Surfactant, as needed	
8. 0.9 NaCl IV fluid, as needed	
9. Vitamins (e.g. multivitamin drops PO), as needed	
10. Anti-anemia (ferrous sulfate drops PO), as needed	
11. Parenteral nutrition (e.g., amino acid crystalline solutions), as needed	
12. Calcium gluconate IV, as needed	
13. Bronchodilator (e.g. aminophylline IV), as needed	
14. Analgesic (e.g. paracetamol PO), as needed	
15. Anticonvulsant (e.g. phenobarbital IV or PO), as needed	
<b>E. Vaccines, as needed</b>	
1. Bacillus Calmette-Guerin (BCG) <sup>b, c</sup>	
2. Hepatitis B <sup>b, c</sup>	
<b>F. Screening, as needed</b>	
1. Newborn hearing screening (oto-acoustic emission, OAE) <sup>b, c</sup>	
2. Newborn screening <sup>b, c</sup>	
3. Screening for retinopathy of prematurity (ROP), as needed <sup>b, c</sup>	
<b>G. Others, as needed</b>	
1. Pre-discharge counselling <sup>b, c</sup> OR <i>Post-mortem care, bereavement support and counselling<sup>c</sup></i>	

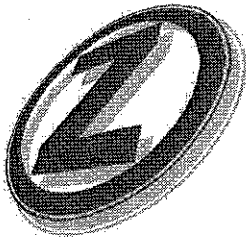
Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)	
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Date: 12/20/2019



PhilHealth



Benefits

# Share your opinion with us!

We would like to know how you feel about the services that pertain to the Z Benefit Package in order that we can improve and meet your needs. This survey will only take a few minutes. Please read the items carefully. If you need to clarify items or ask questions, you may approach your friendly health care provider or you may contact PhilHealth call center at 8441-7442. Your responses will be kept confidential and anonymous.

For items 1 to 3, please tick on the appropriate box.

1. Z benefit package availed is for:

- ☐ Acute lymphoblastic leukemia
- ☐ Breast cancer
- ☐ Prostate cancer
- ☐ Kidney transplantation
- ☐ Cervical cancer
- ☐ Coronary artery bypass surgery
- ☐ Surgery for Tetralogy of Fallot
- ☐ Surgery for ventricular septal defect
- ☐ ZMORPH/Expanded ZMORPH

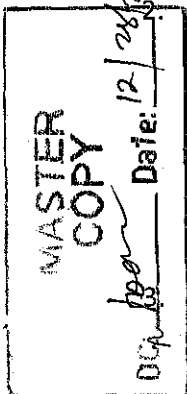
- ☐ Orthopedic implants
- ☐ PD First Z benefits
- ☐ Colorectal cancer
- ☐ Prevention of preterm delivery
- ☐ Premature or Small newborn
- ☐ Children with developmental disability
- ☐ Children with mobility impairment
- ☐ Children with visual impairment
- ☐ Children with hearing impairment

Respondent's age is:

- ☐ 19 years old & below
- ☐ between 20 to 35
- ☐ between 36 to 45
- ☐ between 46 to 55
- ☐ between 56 to 65
- ☐ above 65 years old

Sex of respondent

- ☐ male
- ☐ female



For items 4 to 8, please select the one best response by ticking the appropriate box.

4. How would you rate the services received from the health care institution (HCI) in terms of availability of medicines or supplies needed for the treatment of your condition?

- ☐ adequate
- ☐ inadequate
- ☐ don't know

## Annex D: Z Satisfaction Questionnaire

*Revised as of September 2022*

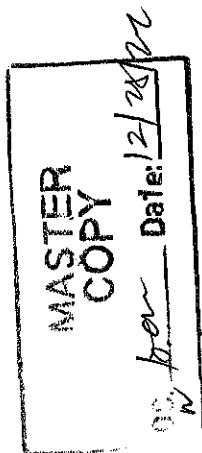
5. How would you rate the patient's or family's involvement in the care in terms of patient empowerment? (You may refer to your Member Empowerment Form)
- ☐ excellent  
☐ satisfactory  
☐ unsatisfactory  
☐ don't know
6. In general, how would you rate the health care professionals that provided the services for the Z benefit package in terms of doctor-patient relationship?
- ☐ excellent  
☐ satisfactory  
☐ unsatisfactory  
☐ don't know
7. In your opinion, by how much has your HCl expenses been lessened by availing of the Z benefit package?
- ☐ less than half  
☐ by half  
☐ more than half  
☐ don't know
8. Overall patient satisfaction (PS mark) is:
- ☐ excellent  
☐ satisfactory  
☐ unsatisfactory  
☐ don't know
9. If you have other comments, please share them below:

---

---

---

Thank you. Your feedback is important to us!



\_\_\_\_\_  
Signature of Patient/ Parent/ Guardian

Date accomplished: \_\_\_\_\_

# Annex E.1: Checklist of Requirements for Reimbursement – Prevention of *Complications of Preterm Delivery*

Revised as of September 2022



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**PHILIPPINE HEALTH INSURANCE CORPORATION**

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UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINDA PARA SA LAHAT

Registry No. \_\_\_\_\_

## CHECKLIST OF REQUIREMENTS FOR REIMBURSEMENT

Prevention of *Complications of Preterm Delivery*

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Requirements	Please check
1. Checklist of Eligibility Criteria (Annex A)	
2. Checklist of Requirements for Reimbursement (Annex E.1 - Prevention of <i>Complications of Preterm Delivery</i> )	
3. Completed PhilHealth Claim Form (CF) 1 OR PhilHealth Benefit Eligibility Form (PBEF)	
4. Completed CF-2	
5. Checklist of Mandatory and Other Services (Annex C.1 - Prevention of <i>Complications of Preterm Delivery</i> )	
6. Copy of completed Z Satisfaction Questionnaire (Annex D)	
7. Copy of Coordinated Referral and Transfer Form (Annex H)	
8. Original or certified true copy (CTC) of the Statement of Account (SOA)	
9. Copy of World Health Organization (WHO) partograph (Annex I) for the assessment of labor for women in active labor (cervical dilatation $\geq 4$ cm), when applicable <ul style="list-style-type: none"> <li>The referring facility must stabilize the woman and initiate assessment of</li> </ul>	

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Date: 12/12/2022

Certified correct by:													Conforme by:																									
(Printed name and signature) Attending Physician													(Printed name and signature) Parent/Guardian																									
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 PhilHealthofficial
 
 teamphilhealth
  actioncenter@philhealth.gov.ph

# Annex E.2: Checklist of Requirements for Reimbursement - Premature or Small Baby

Revised as of September 2022



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UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

### CHECKLIST OF REQUIREMENTS FOR REIMBURSEMENT Premature or Small Baby

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

Requirements	Please check
1. Transmittal Form (Annex G)	
2. Checklist of Requirements for Reimbursement (Annex E.2 - Premature or Small Baby)	
3. Completed PhilHealth Claim Form (CF) 1 OR PhilHealth Benefit Eligibility Form (PBEF)	
4. Completed CF-2	
5. Copy of the Checklist of Eligibility Criteria (Annex A)	
6. Checklist of Mandatory and Other Services (Annex C.2 - Premature or Small Baby)	
7. Copy of completed Z Satisfaction Questionnaire (Annex D)	
8. Copy of Coordinated Referral and Transfer Form (Annex H) - if applicable	
9. Original or certified true copy (CTC) of the Statement of Account (SOA)	
10. Copy of World Health Organization (WHO) partograph (Annex I) for the assessment of labor for women in active labor (cervical dilatation $\geq 4$ cm) OR other prescribed partograph for referral institutions, when applicable	

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Date: 12/28/22

Requirements	Please check
<ul style="list-style-type: none"> <li>The referring facility must stabilize the woman and initiate assessment of labor, when applicable, using the WHO partograph (for women in active labor) to properly endorse conditions requiring immediate referral to a contracted HCl for appropriate management and care indicated in PhilHealth Circular No. r22-2014 revised r25-2015 (Social Health Insurance Coverage and Benefits For Women About To Give Birth): a. Maternal age below 19 years old at the date of delivery; b. First pregnancy in patients with age 35 years and older at the date of delivery; c. Multiple or multifetal pregnancy such as twins and triplets; d. Ovarian abnormality (e.g. ovarian cyst); e. Uterine abnormality (e.g. myoma uteri); f. Placental abnormality (e.g. placenta previa); g. Abnormal fetal presentation (e.g. breech); h. History of three (3) or more miscarriages/abortion; i. History of one (1) stillbirth; j. History of major obstetric and/or gynecologic operation (e.g. cesarean section, uterine myomectomy); k. History of medical conditions (e.g. hypertension, preeclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorder); l. Other risk factors that may arise during present pregnancy (e.g. premature contractions, vaginal bleeding) that warrant referral for further management.</li> <li>The partograph is not required in conditions wherein labor and vaginal delivery are contraindicated and immediate CS is indicated such as: obstructed labor due to severely deformed pelvis; uncontrolled hypertension, severe preeclampsia or eclampsia; profuse antepartum hemorrhage (including placenta previa, uterine rupture, or abruptio placenta); malpresentation (including breech, transverse, oblique, or brow), or fetal compromise (including fetal distress, cord prolapse, or severe intrauterine growth restriction).</li> <li>The partograph is also not required when the newborn was delivered outside a health facility and not likely to have been attended by a health care worker.</li> </ul>	
11. Copy of Essential Intrapartum Newborn Care (EINC) Protocol Checklist (Annex J), as applicable	
12. Copy of Pre-discharge Counseling Services Checklist (Annex M.1) OR Postmortem Care, Bereavement Support and Counseling Services Checklist for Newborns who Die (Annex M.2), as indicated.	
13. Copy of Kangaroo Care Protocol Checklist (Annex K), if applicable	
13. Copy of Certification of Medical Futility (Annex N), if applicable	
DATE COMPLETED (mm/dd/yyyy):	
DATE FILED (mm/dd/yyyy):	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Parent/Guardian
PhilHealth Accreditation No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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Date: 12/18/14

# Annex F: Self-Assessment/Survey Tool

PHILHEALTH-SAT-F14 rev.3



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UNIVERSAL HEALTH CARE  
KASUPUGAN AT KALINGA PARA SA LAHAT

### SELF-ASSESSMENT/SURVEY TOOL FOR THE Z BENEFITS FOR PREMATURE OR SMALL NEWBORNS

Name of Health Facility (HF): \_\_\_\_\_  
Date of Survey (mm/dd/yyyy): \_\_\_\_\_ Time started: \_\_\_\_\_ Time ended: \_\_\_\_\_

#### Directions for the HF:

1. Put a check (✓) under the HF column if the standard is available and (x) if not.
2. For outsourced services, put a (✓) under the HF column and write under the remarks "outsourced:" plus the name of the outsourced service provider. Outsourced services must have a Memorandum of Agreement (MOA) which reflects provisions for payment such as compliance to the No Balance Billing (NBB) Policy.
3. Hospitals may internally conduct the required training course (e.g. EINC, CSB, etc) given by house staff who have completed the corresponding Training of Trainers (TOT). Certificates issued during the internal activity, signed by the in-house Trainer, will be accepted as proof of attendance.

	REQUIREMENTS	HF	PHIC	REMARKS
1	<b>HF License and Accreditation</b>			
1.1	The HF has an updated Department of Health (DOH) License to Operate (LTO).			
1.2	The HF has an updated PhilHealth Accreditation			
2	<b>Physical Plant or Services</b>			
2.1	<p>The hospital has at least a Level II (PSNBM NEOHAB 2020) OR Level III Neonatal Intensive Care Unit (NICU) complex (PPS HAB 2013) providing services or levels of care for:</p> <ul style="list-style-type: none"> <li>a. Comprehensive High-risk and Intensive Care</li> <li>b. Special / Continuing Care / Step Down Area or Unit - for selected high risk newborns requiring acute care management / monitoring of problems anticipated to resolve rapidly</li> <li>c. Kangaroo Mother Care (KMC)</li> <li>d. Delivery Room</li> <li>e. Postnatal/ maternity wards</li> </ul> <p>Note: PSNBM NEOHAB and PPS HAB are standards applicable to hospitals with training programs in neonatology fellowship or pediatric residency. Alternatively, hospitals without training programs may refer to DOH 2018-0131 for the checklist of "add-on services" for the operation of the NICU even at a Level 1 facility.</p>			

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	REQUIREMENTS	HF	PHIC	REMARKS
	<b>2.1.1 Comprehensive High-risk and Intensive Care</b> <i>This is a dedicated space for patients who need ventilatory support (either invasive or non-invasive) or are undergoing treatment for major complications.</i>			
	<b>2.1.2 Special / continuing care / step down services or unit</b> <i>Part of the NICU complex; which may or may not have its separate area or ward; for babies with the following, but not limited to those:</i> <ul style="list-style-type: none"> <li>no longer requiring assisted ventilation and intensive monitoring</li> <li>with conditions anticipated to resolve rapidly and to not require urgent surgical or medical interventions</li> <li>whose mothers/families are being prepared for Kangaroo care</li> </ul>			
	<b>2.1.3 Isolation area</b> <i>This is for highly septic infants and those babies needing intensive care who are likely to infect other infants.</i>  The isolation area <u>may</u> have the following specifications: <ul style="list-style-type: none"> <li>A physical isolation room</li> <li>Negative pressure or reverse airflow is an advantage.</li> <li>Policies on infection control for the following: <ul style="list-style-type: none"> <li>Herpes, varicella, MRSA or methicillin-resistant staphylococcus aureus, SARS-COV2, etc.</li> <li>SCIDS or severe combined immunodeficiency syndrome (reverse isolation)</li> </ul> </li> </ul>			
	<b>2.1.4 Handwashing facilities</b> in the patient care area; with hands-free hand wash sink (either elbow, knee, foot, or sensor-operated)  <i>If hands-free hand wash sink is not yet available, a handwashing protocol should indicate that there be a second person to operate the faucet.</i>			
	<b>2.1.5 Resuscitation facilities</b> in the NICU complex. <i>A fixed resuscitation area near the delivery bed or a portable kit with resuscitation equipment, e.g. trolley, tackle box, should be available in the NICU complex. Each work space for resuscitation should have a flat, firm and clean surface with easy access to clean and functional equipment (see 4.3).</i>			
	<b>2.1.6 In Kangaroo Mother Care (KMC),</b> postnatal/maternity wards, and delivery rooms (no farther than two meters away from each delivery bed), accessible resuscitation equipment should be available (see 4.3)			
	<b>2.1.7 Hospital storage / utility room</b> for the NICU equipment  <i>This may be in the general hospital storage area with allotment for the NICU.</i>			
	<b>2.1.8 Disposal/ rubbish bins</b> with proper segregation for biological/infectious waste			
	<b>2.1.9 Sharps receptacles</b> (following DOH standards; puncture-proof)			



	REQUIREMENTS	HF	PHIC	REMARKS
2.2	Provision for KMC Services or Unit			
2.3	High-Risk Pregnancy, Maternal-Fetal Medicine, or Perinatology services			
2.4	A multipurpose area/ room that will ensure privacy for family counseling, meetings, bereavement support, etc.			
2.5	DOH licensed tertiary clinical laboratory, which can perform the basic diagnostic examinations as follows:			
	2.5.1 Complete blood count			
	2.5.2 Blood typing			
	2.5.3 Cross-matching			
	2.5.4 Prothrombin time and partial thromboplastin time (PT, PTT)			
	2.5.5 Blood gas determination			
	2.5.6 Bedside blood glucose tests			
	2.5.7 Blood culture and sensitivity (Blood CS)			
	2.5.8 Cerebrospinal fluid (CSF) culture			
	2.5.9 Serum electrolytes (Na, K, Ca), creatinine			
	2.5.10 Total serum bilirubin (TSB), fractionated bilirubin (DB.IB)			
2.6	DOH licensed Level 2 imaging facility inside the institution Basic imaging modalities that can do the following:			
	2.6.1 Mobile/Portable X-ray for "babygram", chest AP/L, abdominal AP/L or "decubitus" views			
	2.6.2 Ultrasonography (with capability for cranial ultrasound)			
	2.6.3 2-D echocardiography			
2.7	Hearing or otoacoustic emissions (OAE) test done in a quiet area			
2.8	Newborn screening			
2.9	Central sterilization for high level disinfection (e.g. autoclave) <i>This may not be for exclusive use in the NICU.</i>			
3	<b>Human Resources</b>  The HF shall have a functional multidisciplinary team composed of the following:			
3.1	A Neonatologist certified by the Specialty Board of the Philippine Society of Newborn Medicine (PSNbM) with the following valid training/certifications:			

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12/24/22  
Date  
DC: [Signature]

	REQUIREMENTS	HF	PHIC	REMARKS
	<p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p> <p>2. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR EINC Quality Assurance Workshop + KMC</p> <p>OR</p> <p>3. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p>			
<p><b>MASTER COPY</b></p> <p><i>Doc. bear</i> Date: <i>12/28/22</i></p>	<p><i>When a neonatologist is not available for the position as a NICU consultant, <b>any of the following</b> physicians may manage premature newborns:</i></p> <p>I. Board-certified pediatrician with specialized training in Neonatology (board eligible in neonatology) with the following valid certifications:</p> <p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p> <p>2. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p> <p>OR</p> <p>II. Pediatric Intensivist certified by the Specialty Board of the Philippine Society of Pediatric Critical Care Medicine (PSPCCM) with the following valid certifications:</p>			

	REQUIREMENTS	HF	PHIC	REMARKS
	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;">           1. NRPh+ Provider (or with certificate of attendance*)             OR             2. (a and b):            a. NRP Provider            b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)             OR             3. (a and b):            a. NRP Provider            b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course         </div> <p>OR</p> <p>III. Pediatric Pulmonologist certified by the Specialty Board of the Philippine Academy of Pediatric Pulmonologists (PAPP) with the following certifications:</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;">           1. NRPh+ Provider (or with certificate of attendance*)             OR             2. (a and b):            a. NRP Provider            b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)             OR             3. (a and b):            a. NRP Provider            b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course         </div>			
3.2	Staff or Affiliated Physician Board Certified in Pediatrics with the following valid certifications:			

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	REQUIREMENTS	HF	PHIC	REMARKS
	<p>1. NRPh+ Provider (or with certificate of attendance*)</p> <p>OR</p> <p>2. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a and b):</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p>			
3.3	<p>Perinatologist certified by the Specialty Board of the Philippine Society of Maternal and Fetal Medicine (PSMFM) <i>who may be affiliated or on visiting status</i></p> <p><i>When a perinatologist is not available, a physician who is certified by the Philippine Board of Obstetrics and Gynecology may manage women at risk of preterm birth or delivery of low-birth weight babies</i></p>			
3.4	Additional physicians on call ( <i>may be affiliated or visiting</i> )			
	3.4.1 Pediatric Cardiologist certified by the Specialty Board of the Philippine Society of Pediatric Cardiology			
	<p>3.4.2 Pediatric Ophthalmologist or Retina Specialist</p> <p><i>When a Pediatric Ophthalmologist or Retina Specialist is not available, a General Ophthalmologist who is a diplomate of the Philippine Board of Ophthalmology</i></p>			
3.5	Nurse			
	3.5.1 Shall be duly licensed by the Professional Regulation Commission (PRC)			
	3.5.2 The nurse-to-patient ratio shall be a minimum of 1:3 for comprehensive high-risk and intensive care			
	<p>3.5.3 All nurses assigned to the NICU must have valid certifications on the following:</p> <p>1. NRPh+ Provider (or with certificate of attendance* pending practicum)</p> <p>OR</p>			

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	REQUIREMENTS	HF	PHIC	REMARKS
	<p>2. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended a Care for the Small Baby (CSB) Course OR (EINC Quality Assurance Workshop + KMC)</p> <p>OR</p> <p>3. (a AND b)</p> <p>a. NRP Provider</p> <p>b. Attended an Essential Maternal Newborn Care and Lactation Management Training (EMNC-LMT) OR 20-hour LMT Course</p>			
	3.5.4 The hospital maintains a record of in-house trainings/orientation/mentoring for NICU staff and ensures that each duty shift is staffed by those skilled in:			
	3.5.4.1 Provision of oxygen therapy			
	<p>3.5.4.2 Use of specialized equipment in the NICU on at least the following:</p> <p>a. Mechanical ventilator</p> <p>b. Continuous positive airway pressure (CPAP) machines</p> <p>c. Infant incubator</p>			
3.6	Support Personnel			
	3.6.1 Respiratory therapist duly-licensed by PRC			
	3.6.2 Medical technologist duly-licensed by PRC			
	3.6.3 Radiology technologist duly-licensed by PRC			
	3.6.4 Medical Social Worker duly-licensed by PRC			
	3.6.5 Nutritionist-Dietitian duly-licensed by PRC			
	3.6.6 Pharmacist duly-licensed by PRC			
3.7	<p>Z Benefits Coordinator (please see PhilHealth Circular 2015-035 for roles and responsibilities)</p> <p><i>There must be at least one designated Z benefits coordinator per Z benefit package, who may not necessarily be a nurse or allied health professional.</i></p> <p><i>The Z Benefits Coordinator may not be exclusive for 1 benefit package as long as his/her functions are not compromised.</i></p>			
4	Equipment and Supplies			
	Note: All mechanical/electronic devices are required to have a corresponding maintenance log.			
4.1	The NICU has available and operational equipment, instruments, materials, and supplies for the provision of Levels II OR III			

	REQUIREMENTS	HF	PHIC	REMARKS
	neonatal care			
4.2	Emergency cart			
	4.2.1 calcium gluconate 10%, 10 mL ampule			
	4.2.2 epinephrine 1 mg/mL ampule			
	4.2.3 Normal Saline Solution (0.9 Sodium Chloride Solution) or plain Lactated Ringer's			
	4.2.4 D5W IV fluid 250 mL			
	4.2.5 D10W IV fluid 250 mL			
	4.2.6 D50 50 mL vial			
	4.2.7 dopamine 40 mg/mL, 5 mL ampule			
	4.2.8 dobutamine 250 mg/ 20 mL vial			
	4.2.9 paracetamol (100 mg/mL, 15 mL drops)			
	4.2.10 phenobarbital IV (120 mg/mL or 130 mg/mL, 1 mL ampule  OR  phenytoin IV (50 mg/mL, 2 and 5mL ampule) if phenobarbital is not available			
	4.2.11 sodium bicarbonate 50 mEq/amp			
4.3	Resuscitation work space must have a firm, flat, clean surface, and resuscitation kits with			
	4.3.1 <u>For all areas:</u> clean functional resuscitation equipment			
	4.3.1.1 self-inflating neonatal bag valve mask resuscitator "ambubag"			
	4.3.1.2 preterm and term face masks (sizes 0 and 1)			
	4.3.1.3 accessible clean suction apparatus OR suction machine with appropriate size suction catheter sizes French 5 and 8			
	4.3.1.4 At least two dry and clean cloths/linens			
	4.3.2 <u>For the NICU and DR:</u> 4.3.1 AND			
	4.3.2.1 laryngoscope with blade 0 and 1			
	4.3.2.2 endotracheal tubes (sizes 2.5, 3.0, 3.5 internal diameter)			
	4.3.2.3 naso-/orogastric tube sizes French 5 and 8			
	4.3.2.4 accessible pulse oximeter with neonatal probe			
	4.3.3 Accessible oxygen source (with oxygen blender, preferred)			

	REQUIREMENTS	HF	PHIC	REMARKS
	4.3.4 Radiant warmer OR other overhead heat source			
4.4	Umbilical catheterization set:			
	4.4.1 Umbilical catheter Fr. 3.5 and Fr. 5.0			
	4.4.2 Scalpel handle (# 4 size)			
	4.4.3 Mosquito curved			
	4.4.4 Mosquito straight			
	4.4.5 Toothed forceps			
	4.4.6 Needle holder (e.g. Mayo-Hegar)			
	4.4.7 Scissors (e.g. straight Mayo)			
	4.4.8 Iris tissue forceps (used to dilate umbilical artery)			
	4.4.9 Kidney basin			
4.5	Neonatal stethoscope			
4.6	Suction machines			
4.7	Oxygen source / compressed air (preferably wall, pipe-in)			
4.8	Oxygen blenders (or if not available, a protocol for mixing oxygen)			
4.9	Wall clocks with clear seconds counter ( <i>digital preferred</i> )			
4.10	Non-mercury room thermometers			
4.11	Non-mercury thermometers			
4.12	Infant digital weighing scales			
4.13	Diagnostic set (otoscope, ophthalmoscope)			
4.14	Phototherapy equipment ( <i>Special blue or green, preferred</i> )			
4.15	Refrigerator for medications, vaccines (i.e. hepatitis B and BCG), and breast milk (preferably double door)			
4.15.1	With thermometer for temperature monitoring			
4.15.2	Temperature monitoring chart per shift			
4.15.3	Freezer for breast milk storage			
4.16	Infusion pumps			
4.17	Syringe pumps			
4.18	Bubble CPAP machine			
4.19	Incubator (with preventive maintenance records)			

	REQUIREMENTS	HF	PHIC	REMARKS
4.20	Multiparameter monitors			
4.21	Exchange transfusion set			
	4.21.1 Scalpel handle (# 4 size)			
	4.21.2 Mosquito forceps curved			
	4.21.3 Mosquito forceps straight			
	4.21.4 Pick-up/thumb forceps with teeth			
	4.21.5 Pick-up/thumb forceps without teeth			
	4.21.6 Needle holder (e.g. Mayo-Hegar)			
	4.21.7 Scissors (e.g. straight Mayo)			
	4.21.8 Kidney basin			
	4.21.9 Umbilical catheter Fr. 3.5 and Fr. 5.0			
	4.21.10 Three way stop-cock port (2)			
4.22	Thoracostomy set			
	4.22.1 Chest tube Fr. 10 and Fr. 12			
	4.22.2 Scalpel handle (# 4 size)			
	4.22.3 Mosquito forceps, curved			
	4.22.4 Mosquito forceps, straight			
	4.22.5 Pickup/thumb forceps with teeth			
	4.22.6 Pickup/thumb forceps without teeth			
	4.22.7 Needle holder (e.g. Mayo-Hegar)			
	4.22.8 Scissors (e.g. straight Mayo)			
	4.22.9 Kidney basin			
4.23	Negatoscope (if not digital imaging)			
4.24	For KMC use			
	4.24.1 Reclining chair			
	4.24.2 Garment or cloth			
4.25	Mechanical ventilator (with preventive maintenance records)			
4.26	Transport incubator (with preventive maintenance records)  <i>If the transport incubator is not available, the HF should have: i AND ii</i>  i. A protocol on warm transport* of preterm, low birth weight or small for gestational age babies i.e. prevention of cold			

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Date: 12/25/2022



	REQUIREMENTS	HF	PHIC	REMARKS
	<p>stress and management of neonatal hypothermia with:</p> <ol style="list-style-type: none"> <li>Provision of continuous skin-to-skin contact using the kangaroo care (or kangaroo mother care, KMC) method</li> <li>Continuation of exclusive breastfeeding or provision of expressed or pasteurized breast milk</li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>All of the following equipment/supplies for the provision/maintenance of warmth               <ol style="list-style-type: none"> <li>A radiant warmer, or similar safe warming devices (that will not increase risk for thermal burns or injuries)</li> <li>Non-mercury room thermometers in areas where the baby will be transported to and received by and within the HF, i.e. hold-over area of an emergency room, radiology areas, the neonatal care unit, KMC unit.</li> </ol> </li> </ol> <p>Note: room temperature must be maintained at 25-28 °C</p> <ol style="list-style-type: none"> <li>Plastic wrap</li> </ol>			
5	<b>Records</b>			
	The health facility has a record management and preservation system.			
6	<p><b>Policies (including, but not limited to, Clinical Practice Guidelines, Protocols, or Standard Operating Procedures [SOPs] by the HF)</b></p> <p>The health facility shall create or adopt policies, CPGs and/or protocols on the following neonatal conditions and procedures:</p>			
6.1	<p>Prevention of preterm birth and its complications (including clinical pathways for referring facilities)</p> <ul style="list-style-type: none"> <li>With at least 1 MOA with a referring facility by end of year 1 from contract signing and utilization of Z016.1 to Z016.4</li> </ul>			
6.2	Essential Intrapartum and Newborn Care			
6.3	Criteria for admission to the NICU and admission set up and care guidelines			
6.4	Neonatal resuscitation			
6.5	Respiratory distress syndrome			
6.6	Neonatal hyperbilirubinemia			
6.7	Neonatal hypoglycemia			

	REQUIREMENTS	HF	PHIC	REMARKS
6.8	Neonatal hypothermia			
6.9	Neonatal sepsis			
6.10	Anemia of prematurity			
6.11	Intraventricular hemorrhage			
6.12	Kangaroo Care			
6.13	Breastmilk feeding, breastfeeding and lactation management			
6.14	Nutritional support for parenteral and enteral routes			
6.15	Infection Control (Antimicrobial surveillance – monthly monitoring/ hospital antibiogram)			
6.16	Newborn Screening			
6.17	Newborn Hearing Screening (Otoacoustic Emissions Testing)			
6.18	Retinopathy of Prematurity Screening			
6.19	Surfactant administration			
6.20	Major and minor ventilatory support			
6.21	Umbilical cannulation			
6.22	Endotracheal intubation			
6.23	Phototherapy			
6.24	Blood transfusion in the neonate			
6.25	Double volume exchange transfusion			
6.26	Thoracentesis			
6.27	Thoracostomy tube insertion			
6.28	Developmental care			
6.29	Prior discharge to home counselling			
6.30	Postmortem care and bereavement support (must include link to social services, spiritual/religious, arrangements for funeral and financial support, special contexts as in pandemics)			
6.31	Provision for respiratory therapy (SOPs for respiratory services)			
6.32	Provision for blood bank (SOPs)			
7	Statistical Report			
	Annual NICU census which may include, but is not limited to, the following:			
7.1	Cesarean Section (CS) rates			

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QC: *[Signature]* Date: *[Date]*

	REQUIREMENTS	HF	PHIC	REMARKS
7.2	Total number of deliveries			
7.3	Total number of live births			
7.4	Total number of admissions			
	7.4.1 Admissions according to maturity and weight for age			
	7.4.2 Admissions according to sex			
	7.4.3 Leading causes of admissions			
7.5	Total number of mortalities/ mortality rate			
	7.5.1 Perinatal death rate (number of deaths of fetuses weighing at least 500g (or, when birth weight is unavailable, after 22 completed weeks of gestation or with a crown-heel length of 25 cm or more), plus the number of early neonatal deaths / total births) x 1000			
	7.5.2 Neonatal mortality rate = no. of deaths before 28 days/ total live births) x 1000			
	7.5.3 Cause-specific mortality			
	7.5.3.1 Preterm death rate = No. of preterm deaths/ all neonatal deaths x 100			
	7.5.3.2 Asphyxia death rate = No. of asphyxia deaths/ all neonatal deaths x 100			
	7.5.3.3 Sepsis and severe infections deaths = No. of deaths from sepsis/severe infections/all neonatal deaths x 100			
	7.5.3.4 Congenital anomalies deaths = No. of deaths due to congenital anomalies/ all neonatal deaths x 100			
	7.5.4 Case Fatality Rates			
	7.5.4.1 Preterm case fatality rate = no. of preterm deaths/ all preterm live births x 100			
	7.5.4.2 Asphyxia case fatality rate = no. of asphyxia deaths/ all asphyxiated live births x 100			
	7.5.4.3 Sepsis case fatality rate = no. of sepsis/severe infections deaths/ all sepsis live births x 100			
	7.5.4.4 Term case fatality rate = (no. of term deaths/ total no. of term live births) x 100			
	7.5.4.5 Low birth weight (LBW) case fatality rate (no. of LBW deaths/ total no. of LBW live births) x 100			
7.6	Antenatal steroid use and newborn outcomes			
	7.6.1 No. of preterms whose mothers received at least one dose of antenatal steroid/ preterms less than 34 weeks AOG x 100			

	REQUIREMENTS	HF	PHIC	REMARKS
	7.6.2 No. of preterm deaths from respiratory distress syndrome (RDS)/ no. of preterms whose mothers received at least one dose of antenatal steroid			
7.7	Surfactant use and patient outcomes			
	7.7.1 No. of preterms who received (at least) one dose of surfactant/ preterms with RDS			
	7.7.2 No. of preterm deaths from RDS/ no. of preterms who received (at least) one dose of surfactant			
7.8	Practice of EINC: EINC Checklist (Number of newborns receiving each and all of 4 Core steps out of the total number of births)			
7.9	Practice of KMC (number of eligible patients, number of enrolled patients, by patient outcomes)			
8	<b>Continuous Quality Improvement (CQI)</b> The health facility shall initiate, support, implement and monitor CQI activities (e.g. mortality and morbidity reviews, Early Essential Newborn Care (EENC) Annual Implementation Review)			

#### PhilHealth Survey Team

Surveyor's Name	Designation	Signature

#### HF Management Team

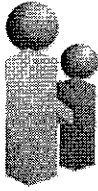
Names of Management Team	Designation	Signature

#### Remarks/Action Plan

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 Date: 12/08/2019  
 N. H. N.

# Annex G: Coordinated Referral and Transfer Form

Revised as of September 2022



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City  
Call Center: (02) 8441-7442 Trunkline: (02) 8441-7444  
www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

### COORDINATED REFERRAL & TRANSFER FORM

☐ Antepartum ☐ Intrapartum ☐ Postpartum

Date of Referral (mm/dd/yyyy):	Time of Referral:
Name of Referring Facility:	Contact number of referring facility:
Referred by: (Physician/Midwife)	Contact number of physician/midwife:
Name of Referral Facility:	Contact number of referral facility:
Name of Accepting Physician:	Contact number of accepting physician:
Reason for Transfer:	
Mode of Transfer:	
Date of Transfer (mm/dd/yyyy): Time of Departure: __:__ AM/PM	Date of Arrival (mm/dd/yyyy): Time of Arrival in Referral Facility: __:__ AM/PM
Name of Patient's Guardian: _____ Relationship to patient: _____	

MEMBER COPY  
 Date: 12/18/22

Chief complaint																											
Obstetric History	Gravida ___ Para ___ (T ___ P ___ A ___ L ___) LMP: ___ EDC: ___ Age of Gestation: ___																										
Labor	Onset of Labor: ___ Rupture of Membranes: Yes ___ No ___ Time: ___ Color: ___																										
	<p>Maternal Vital Signs</p> <table border="1"> <thead> <tr> <th></th> <th>Initial vital signs</th> <th>Prior to transfer</th> </tr> </thead> <tbody> <tr> <td>Blood Pressure</td> <td></td> <td></td> </tr> <tr> <td>Pulse Rate</td> <td></td> <td></td> </tr> <tr> <td>Resp Rate</td> <td></td> <td></td> </tr> <tr> <td>Temperature</td> <td></td> <td></td> </tr> <tr> <td>Fetal Heart Tones</td> <td></td> <td></td> </tr> </tbody> </table> <p>Pertinent physical exam findings:</p> <p>Fundic Height ___</p> <p>Contractions: Frequency ___ Duration ___ Intensity ___</p>				Initial vital signs	Prior to transfer	Blood Pressure			Pulse Rate			Resp Rate			Temperature			Fetal Heart Tones								
	Initial vital signs	Prior to transfer																									
Blood Pressure																											
Pulse Rate																											
Resp Rate																											
Temperature																											
Fetal Heart Tones																											
	<p>Partograph attached? ___ Yes ___ No</p> <p>If <i>no partograph attached</i>, cervical dilatation (if with no contraindications) prior to transfer : ___</p>																										
Medications given:	<table border="1"> <thead> <tr> <th></th> <th>Dose</th> <th>Date</th> <th>Time given</th> </tr> </thead> <tbody> <tr> <td>Antibiotics:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Antenatal steroids:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Magnesium sulfate</td> <td></td> <td></td> <td></td> </tr> <tr> <td>IV fluids</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Dose	Date	Time given	Antibiotics:				Antenatal steroids:				Magnesium sulfate				IV fluids				Others			
	Dose	Date	Time given																								
Antibiotics:																											
Antenatal steroids:																											
Magnesium sulfate																											
IV fluids																											
Others																											

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 Date: 12/20/2022  
 DC: Hon

## In Transit

Time	Blood pressure	Pulse Rate	Respiratory Rate	Fetal Heart tones	Contractions Frequency / Duration / Intensity	Medications	Comments

Name and Signature of Accompanying Healthcare Professional	Name and Signature of Receiving Healthcare Professional
--	---

Certified correct by:	Conform by:
(Printed name and signature) Attending Physician	(Printed name and signature) Parent/Guardian
PhilHealth Accreditation No.	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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# Annex H: Transmittal Form of Claims for the Z Benefits

Revised as of September 2022



## Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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Call Center: (02) 8441-7442 Trunkline: (02) 8441-7444  
www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALIGAYA PARA SA LAHAT

### TRANSMITTAL FORM OF CLAIMS FOR THE Z BENEFITS

NAME OF HEALTH FACILITY (HF):	ADDRESS OF HF:
-------------------------------	----------------

Instructions for filling out this Transmittal Form. Use additional sheets if necessary.

1. Use CAPITAL letters or UPPER CASE letters in filling out the form.
2. For the period of confinement, follow the format (mm/dd/yyyy).
3. For the Z Benefits Package Code, include the code for the order of tranche payment. Example: breast cancer, second tranche should be written as "Z0022". (for applicable Z Benefits)
4. For the Case Number, copy the case number that is provided in the approved pre-authorization checklist and request. For Z Benefits for Premature or Small Newborns, the case number is the registry number generated from the PhilHealth Registry of Newborns.
5. The Remarks column may include some relevant notes which pertain to the filed claim that need to be relayed to PhilHealth.

Case Number	Name of patient (Last, First, Middle Initial, Extension)	Period of confinement		Z Benefits Package Code	Remarks
		Date admitted	Date discharged		
1.					
2.					
3.					

Page 1 of 2 of Annex H



Case Number	Name of patient (Last, First, Middle Initial, Extension)	Period of confinement		Z Benefits Package Code	Remarks
		Date admitted	Date discharged		
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Certified correct by authorized representative of the <i>HF</i>		For PhilHealth use only		Initials	Date
Printed Name and Signature	Designation	Received by Local Health Insurance Officer (LHO)			
	Date signed (mm/dd/yyyy)	Received by the Benefits Administration Section (BAS)			

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 Date: 12/28/2019  
 By: [Signature]



# Annex I: WHO Partograph

Revised as of September 2022

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Name of Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Date / Time Admitted: \_\_\_\_\_  
LMP: \_\_\_\_\_ AOG: \_\_\_\_\_ EDC: \_\_\_\_\_ FH: \_\_\_\_\_ G \_\_\_\_\_ P \_\_\_\_\_ (TPAL) \_\_\_\_\_

### PARTOGRAPH

Use this form for monitoring active labor

10 cm

9cm

8cm

7cm

6cm

5cm

4cm

#### FINDINGS

Time

Hours in active labour

Hours since ruptured membranes

Rapid assessment

Vaginal bleeding (0 + + +)

Amniotic fluid (meconium stained)

Contractions in 10 minutes

Fetal heart rate (beats/minute)

Urine voided

T (axillary)

Pulse (beats/minute)

Blood pressure (systolic/diastolic)

Cervical Dilation (cm)

Delivery of Placenta (time)

Oxytocin (time/given)

Problem-note onset/describe below

1 2 3 4 5 6 7 8 9 10 11 12

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**UNIVERSAL HEALTH CARE**  
CALIFORNIA: AT RAILROAD CROSSING

## ESSENTIAL INTRAPARTUM NEWBORN CARE (EINC) PROTOCOL CHECKLIST WITH SPECIAL CONSIDERATION FOR PREMATURE *OR* SMALL BABIES

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
B. MEMBER	2. PhilHealth ID Number
	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number

I. PROCEDURES UPON ARRIVAL TO THE FACILITY AND PRIOR TO DELIVERY		Status
A. Upon arrival at facility		
1. Identified the <i>mother at risk of preterm birth</i> at point of entry		
2. <i>Mother in labor between 24-36 weeks was given antenatal steroids, if not yet previously given</i>		
3. History		
4. Vital signs		
5. Physical exam		
6. Obtained birth plan		
7. Determined companion of choice		

PhilHealthofficial teamphilhealth actioncenter@philhealth.gov.ph

I. PROCEDURES UPON ARRIVAL TO THE FACILITY AND PRIOR TO DELIVERY	Status
B. During labor	
1. Allowed <i>mobility</i> and position of choice, <i>when applicable</i>	
2. Used partograph, <i>as indicated</i> , to monitor labor	
3. Allowed a companion of choice	
4. Allowed the mother to have oral fluids and light snacks, as indicated in Physician's orders.	
5. Ordered IV fluids and NPO, only when indicated	
6. Non-routine practice of perineal shaving or enema	
C. Prior to delivery	
1. Ensured room temperature is 25-28 degrees Celsius. Eliminated air drafts	
2. Arranged all instruments in a linear sequence.	
3. Mother informed by skilled health professional on the care of her baby in the first hours of life	
4. Checked resuscitation area and equipment	
D. Perineal bulging	
1. Performed proper handwashing	
2. Put on two pairs of sterile gloves (if solitary birth attendant)	
3. No routine episiotomy or fundal pressure done.	
<b>II. PROCEDURES FROM DELIVERY TO TIME SIX HOURS POSTPARTUM</b>	
A. Delivery	
1. Supported the perineum of the mother with controlled delivery of the head	
2. Called out time of birth and sex of the baby	
3. <i>Delivered the baby prone on the mother's abdomen or chest</i>	
B. First 30 seconds	
1. Immediately and thoroughly dried the baby and checked breathing	
2. When the newborn premature or small baby is vigorous, placed skin-	

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DC: 4501 Date: 12/18/2016

II. PROCEDURES FROM DELIVERY TO TIME SIX HOURS POSTPARTUM		Status
to-skin on the mother's abdomen/chest, head covered with a cap and back covered with blanket(s) and mother's gown. Considered use of plastic wrap for very small newborns.		
3. Newborn attended to by another health care professional with special training on care of high risk neonates		
C. One minute to three minutes		
1. After excluding a 2nd baby, gave the mother oxytocin IM		
2. Removed the soiled pair of gloves, if double gloving was done. Within 1-3 minutes of birth, felt for cord pulsations, clamped, cut cord aseptically, if not earlier done due to neonatal instability		
3. Delivered the placenta by controlled traction of cord of the mother with counter-traction.		
4. Massaged uterus of the mother gently		
5. Examined the birth canal for lacerations, bleeding		
6. Examined the placenta and membranes		
7. Basic newborn resuscitation provided, <i>as needed</i> <ul style="list-style-type: none"> <li>• Instead of room air resuscitation, for babies &lt;32 weeks, it is preferable to start with 30% oxygen, where feasible</li> <li>• Oxygen 0.5-1 lpm given by nasal cannula if needed, while maintaining skin-to-skin contact with mother</li> <li>• If vigorous and stable, returned the baby to prone position, allowed to stay on mother's chest in skin-to-skin contact and latched on the breast once with feeding cues.</li> </ul>		
8. Advanced newborn resuscitation provided, <i>as needed</i>		
9. Vital signs taken including oxygen saturation by pulse-oximetry, every 5 minutes and recorded		
D. 15 to 90 minutes		
1. Supported first full breastfeed		
2. Monitored as a mother-infant dyad every 15 minutes, <i>or less if indicated</i>		
3. Checked that the mother's uterus is contracted and there is no profuse vaginal bleeding.		
4. Initial dose of surfactant given, <i>as needed</i>		
5. Premature or small baby placed in skin-to-skin contact, with persistent respiratory distress, pallor/cyanosis, and/or desaturation despite oxygen inhalation and appropriate resuscitation, transferred to NICU for further care, <i>as needed</i>		

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DC: hbc Date: 12/24/22



# Annex K: Kangaroo Care Protocol Checklist

Revised as of September 2022



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www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
KALUSUGAN AT KAINOHA PARA SA LAHAT

Registry No. \_\_\_\_\_

### KANGAROO CARE PROTOCOL CHECKLIST

(Adopted from various references in a separate list)

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Place a (✓) in the status column if DONE or NA if not applicable.

	Status
Kangaroo care performed as per policy or protocol as soon as eligibility criteria are met.	
1. The attending physician ordered KMC.	
2. Mother and Father/Guardian were oriented and counseled on KMC protocol	
3. Order for KMC in chart or other pertinent documents (e.g. adaptation to KMC) initiated and completed by attending physician, nurse on duty (NOD) and social worker.	
4. Premature or small baby stays in kangaroo care position with a cap covering the head; the baby is secured in place with an expandable shirt or blouse, preferably for a minimum of two hours per session, (cumulative eight hours/24 hours)	
5. Provided breastfeeding counselling and support, including breastmilk feedings, progressing to direct breastfeeding	
6. Transferred to room or KMC Unit (if applicable) with mother, once	







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UNIVERSAL HEALTH CARE  
KAUBUOGAN AT RAURONG PARA SA LAHAT

Registry No. \_\_\_\_\_

Control Number: \_\_\_\_\_

**FIELD SURVEY TOOL FOR Z BENEFITS FOR PREVENTION OF COMPLICATIONS OF  
PRETERM DELIVERY AND FOR PREMATURE OR SMALL BABY**

**READ BEFORE STARTING THE INTERVIEW:**

Magandang umaga/hapon. Una sa lahat, salamat sa pagpapaunlak ninyo sa interview na ito. Ako si (sabihin ang pangalan), naatasang isagawa ang interview sa inyo para malaman ang estado ng serbisyong natanggap ninyo bilang isa sa mga beneficiaries ng Z benefits at malaman din kung naging sapat ba ang PhilHealth benefit na natanggap ninyo.

Na-identify kayo bilang respondent sa pamamagitan ng pagpili ng computer sa mga pasyente na naka-avail na ng Z benefit sa mga contracted hospitals. Ayon sa talaan namin, kayo ay nagclaim sa ilalim ng Z-BENEFITS FOR PREMATURE or SMALL NEWBORNS noong (state month and year) sa (state hospital).

Isasagawa natin ang interview na ito sa loob ng mahigit kumulang na 20 minutes. Hindi kami hihingi ng kahit anong personal na impormasyon sa inyo maliban lamang sa mga mahalaga para sa Z benefits monitoring. Anuman ang inyong sabihin sa interview na ito ay mananatiling confidential at hindi makakaapekto sa membership ninyo sa PhilHealth. Simulan na natin. (If with recorder, ask permission first).

**I. PATIENT INFORMATION**

A. Name of Patient (Initials): \_\_\_\_\_

G. Age (in years): \_\_\_\_\_

B. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

H. Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

C. Phone Number/s:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I. Sex: ☐ Male ☐ Female

J. Marital status of patient:

- ☐ Single  
☐ Legally married  
☐ Not married, with partner  
☐ Widow/widower (encircle)

D. Email Address/es:

1. \_\_\_\_\_
2. \_\_\_\_\_

K. Educational status of patient:

- ☐ Elementary  
☐ High school  
☐ College  
☐ Vocational  
☐ Post graduate  
☐ Others (specify) \_\_\_\_\_

E. PhilHealth membership status:  
☐ Member ☐ Dependent

F. Employment status:  
Currently working ☐ Yes ☐ No

If yes, nature of work: \_\_\_\_\_

If no, who supports patient: \_\_\_\_\_

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Date: 12/08/24

## II. RESPONDENT INFORMATION (if respondent is not the patient)

<p>A. Name of Respondent (Last name, first name, middle name, extension): _____</p> <p>B. Relationship to patient:  <input type="checkbox"/> Spouse  <input type="checkbox"/> Parent  <input type="checkbox"/> Child  <input type="checkbox"/> Sibling  <input type="checkbox"/> Guardian  <input type="checkbox"/> Others (specify)          _____</p>	<p>C. Age (in years): _____</p> <p>D. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>E. Educational status of patient:  <input type="checkbox"/> Elementary  <input type="checkbox"/> High school  <input type="checkbox"/> College  <input type="checkbox"/> Vocational  <input type="checkbox"/> Post graduate  <input type="checkbox"/> Others (specify)          _____</p>
---	---

## III. INFORMATION ON PATIENT'S PREGNANCY

<p>A. Pang-ilang pagbubuntis niyo na ito? Number of pregnancies: _____</p> <p>B. Sa mga nakaraang pagbubuntis po ninyo, nagkaroon din po ba kayo ng pagbubuntis na kulang sa buwan?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi          Kung oo, ilan po?          Number of preterm births: _____</p> <p>C. Kayo po ba ay nagpa-check up para sa inyong pagbubuntis na ito?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi          Kung oo, ilang beses at kailan?          1st (mm/yyyy) _____          2nd (mm/yyyy) _____          3rd (mm/yyyy) _____          4th (mm/yyyy) _____</p> <p>D. Alam ba ninyo kung kailan kayo dapat manganak?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi          Kung oo, kailan kayo dapat manganak?          Expected date of delivery (mm/yyyy): _____</p>	<p>E. Para sa pagbubuntis na ito, nagkaroon po ba kayo ng mga sumusunod na kundisyon?  <input type="checkbox"/> Hypertension  <input type="checkbox"/> Diabetes  <input type="checkbox"/> Pre-eclampsia  <input type="checkbox"/> Preterm, prelabor, rupture of membranes  <input type="checkbox"/> Infection (specify): _____  <input type="checkbox"/> Others: _____</p> <p>F. Ano ang una ninyong naramdaman bago kayo napunta sa (name of hospital)?  <input type="checkbox"/> Pagkahilo / pagsakit ng ulo  <input type="checkbox"/> Pagsusuka  <input type="checkbox"/> Pagsakit ng tiyan  <input type="checkbox"/> Pagputok ng panubigan  <input type="checkbox"/> Pagdurugo o Spotting  <input type="checkbox"/> Walang naramdaman  <input type="checkbox"/> Lagnat at pananakit ng katawan  <input type="checkbox"/> Others: _____</p> <p>G. Saan kayo unang kumunsulta pagkatapos niyo maramdaman ang sintomas na ito?  <input type="checkbox"/> Lying-in / health center: _____  <input type="checkbox"/> Hospital: _____</p> <p>H. Inirefer po ba kayo ng health facility sa ibang lugar?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi          Kung oo, sa anong dahilan kaya kayo ini-refer ng health facility sa ibang lugar?          _____</p>
---	---

## IV. INFORMATION ON PRIMARY CONSULT (if answered yes in H)

<p>A. Sa lying-in / health center, ano ang ibinigay sa inyong mga serbisyo? (Maaaring mas madami sa isa ang sagot)  <input type="checkbox"/> Antenatal steroids (hal. dexamethasone)</p>	<p>D. Alin sa mga sumusunod ang ginawa ng lying-in / health center? (Maaaring mas madami sa isa ang sagot)  <input type="checkbox"/> Itinawag at ni-refer ako ng mga staff sa</p>
--	---

<input type="checkbox"/> Tocolytic (hal. nifedipine) <input type="checkbox"/> Partograph monitoring <input type="checkbox"/> Antibiotic <input type="checkbox"/> Others: _____  B. Naipaliwanag ba sa inyo nang maayos kung ano ang inyong kundisyon?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi  C. Ini-refer ba kayo nang maayos sa isang ospital na may kakayanan kung saan kaya alagaan ang inyong kundisyon?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi	hospital na may kakayanan na alagaan ang kundisyon ko bago ako paalisin. Siniguradong tatanggapin ako nang maayos ng ospital na ito. <input type="checkbox"/> Hinatid ako ng ambulansya na may staff na maayos na nag alaga sa akin <input type="checkbox"/> Siniguradong maayos ang kundisyon ko sa ospital bago ako iniwan <input type="checkbox"/> Wala sa mga ito  E. Ano ang gamit ninyong sasakyan papunta ng ospital o pasilidad?  <input type="checkbox"/> Public (specify) _____ <input type="checkbox"/> Private (specify) _____ <input type="checkbox"/> Sariling sasakyan <input type="checkbox"/> Nirerentahan <input type="checkbox"/> Ambulance <input type="checkbox"/> Barangay / other government vehicles <input type="checkbox"/> Naglakad lang
---	--

#### V. BABY'S INFORMATION

A. Ano po ang pangalan ni baby? _____  B. Ano po ang kasarian ni baby?  <input type="checkbox"/> Lalaki <input type="checkbox"/> Babae <input type="checkbox"/> Di tiyak (ambiguous genitalia)  C. Kailan po ipinanganak si baby? (mm/dd/yyyy) ____ / ____ / ____  D. Husto ba sa buwan si baby noong siya ay isinilang mo?  <input type="checkbox"/> Oo <input type="checkbox"/> Hindi  Kung hindi, ilan linggo pa ang kulang, para ito mahusto? _____	E. Ano ang timbang ni baby nung siya ay pinanganak? (birth weight) _____  F. Ano po ang pangalan ng nanay ni baby? (if respondent is not the mother of the patient) _____  G. Ano po ang pangalan ng tatay ni baby? _____  H. Saan po nakatira si baby? _____ _____
--	--

#### VI. INFORMATION ON HOSPITAL STAY

A. Ano ang paraan ng inyong panganganak?  <input type="checkbox"/> Normal delivery <input type="checkbox"/> Cesarean delivery  B. Ano ang serbisyo na binigay sa inyong dalawa ni baby habang nasa ospital? <Para sa nanay>  <input type="checkbox"/> Antenatal steroids (hal. dexamethasone) <input type="checkbox"/> Tocolytic (hal. nifedipine) <input type="checkbox"/> Partograph monitoring <input type="checkbox"/> Antibiotic <input type="checkbox"/> Breast feeding support	<Para sa baby>  <input type="checkbox"/> Laboratory: _____  <input type="checkbox"/> Gamot <input type="checkbox"/> Antibiotic <input type="checkbox"/> Surfactant <input type="checkbox"/> Others: _____  <input type="checkbox"/> X-ray at iba pang work-up o procedure  <input type="checkbox"/> Suporta sa paghinga <input type="checkbox"/> CPAP <input type="checkbox"/> Mechanical ventilation <input type="checkbox"/> Oxygen
---	---

<input type="checkbox"/> Others: _____ C. Ano ang kinahitnan ni baby habang nasa ospital?  <input type="checkbox"/> Nabuhay <input type="checkbox"/> Namatay	<input type="checkbox"/> Essential Intrapartum and Newborn Care (EINC) o Unang Yakap  <input type="checkbox"/> Kangaroo Mother Care  <input type="checkbox"/> Newborn screening <input type="checkbox"/> Newborn hearing screening <input type="checkbox"/> Newborn vision screening (ROP screen) <input type="checkbox"/> Immunization <input type="checkbox"/> Others: _____  D. Ilang linggo bago napauwi si baby? _____
--	--

## VII. SATISFACTION


A. Aling ospital or pasilidad ang nag enroll sa inyo sa Z BENEFITS FOR PREMATURE OR SMALL NEWBORN?  
\_\_\_\_\_


B. Kayo ba ay nasiyahan sa serbisyong natanggap ninyo mula sa ospital o pasilidad na nagbigay ng Z benefits?  
☐ Oo ☐ Hindi


C. Kung kayo ay nasiyahan, anu-ano ang inyong ikinasiya tungkol sa serbisyong natanggap ninyo?  
\_\_\_\_\_  
\_\_\_\_\_

D. Kung hindi kayo nasiyahan, anu-anong dahilan?  
\_\_\_\_\_  
\_\_\_\_\_

E. Kung kayo ay nasiyahan sa serbisyo na inyong natanggap, paano ninyo isasalarawan ang inyong kasiyahan?  
(Markahan ng X)

  
☐ Lubos na masaya

  
☐ Masaya

  
☐ Di masaya

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### VIII. PHILHEALTH BENEFIT

A. May binayaran ba kayo mula nang kayo ay na-enroll sa Z BENEFITS FOR PREMATURE OR SMALL NEWBORN? ☐ Meron ☐ Wala

B. Kung meron, anu-ano ang mga binayaran ninyo at magkano?

Item	Amount

C. May binayaran ba kayong professional fee ng doctor? ☐ Meron ☐ Wala

D. Kung "meron" magkano po ang binayaran na professional fee ng doctor? \_\_\_\_\_

E. Naitago po ba ninyo ang mga resibo ng mga binayaran? ☐ Oo ☐ Hindi

F. Kung "oo," pwede po ba naming makita ang mga resibo at mailista o makuhanan ng picture ang mga ito?  
☐ Oo ☐ Hindi

Item	Amount indicated in receipt

### IX. PATIENT COMMENTS

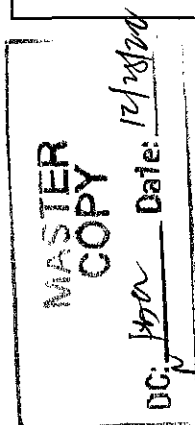
A. May nais ba kayong imungkahi para mapabuti pa ang benepisyo ng mga miyembro ng PhilHealth?

\_\_\_\_\_

B. May nais ba kayong imungkahi para mapabuti pa ang serbisyo ng ospital o pasilidad?

\_\_\_\_\_

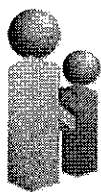
Name of interviewer: \_\_\_\_\_ Designation: \_\_\_\_\_  
Name of documenter: \_\_\_\_\_ Designation: \_\_\_\_\_  
Date of interview (mm/dd/yyyy): \_\_\_\_\_ Time of interview: \_\_\_\_\_



# Annex M.1: Pre-Discharge Counselling

## Services Checklist

Revised as of September 2022



### Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

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UNIVERSAL HEALTH CARE  
KALUSUGAN AT KALINGA PARA SA LAHAT

Registry No. \_\_\_\_\_

## PRE-DISCHARGE COUNSELING SERVICES CHECKLIST

HEALTH FACILITY (HF)		
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")	
	1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

Place a (✓) in the status column if DONE or NA if not applicable.

ACTIVITY	Status
A. Explained and discussed how and when to wash hands	
1. Proper handwashing, e.g. WHO 1-2-3-4-5 technique, using soap and clean water	
2. Before and after breastfeeding or expressing	
3. Before and after baby care e.g. bathing	
4. Before and after changing diaper	
5. After using the toilet	
6. Before and after handling food and cooking	
B. Explained and discussed how to recognize danger signs	
1. Abnormal breathing	
a. Fast (> 60 breaths per minute), slow (<30 breaths per minute), irregular breathing	
b. Grunting or noisy breathing	
c. Chest in-drawing (retractions)	

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Date: 12/24/22

ACTIVITY	Status
<i>d. Stops breathing for <math>\geq 20</math> seconds (apneic episodes)</i>	
<i>2. Pallor or cyanosis</i>	
<i>3. Baby feels cold to touch</i>	
<i>4. Axillary temperature <math>\geq 37.5^{\circ}\text{C}</math> or <math>\leq 36.5^{\circ}\text{C}</math></i>	
<i>5. Difficulty breastfeeding, recurrent vomiting, diarrhea</i>	
<i>6. Convulsions</i>	
<i>7. Any jaundice in the first 24 hours of life or jaundice to the palms and soles at any age</i>	
<i>8. No spontaneous movement (moves only when stimulated)</i>	
<b>C. Explained and discussed actions to address problems</b>	
<i>1. Check temperature of the room, put in skin-to-skin contact and provide additional layers of clothing over baby's back and head if the baby is cold or has slow breathing or blue color</i>	
<i>2. Breastfeed per demand and more frequently (between 8-12 times per day for the first 2 to 4 weeks) when:</i> <i>a. stooling and voiding is infrequent</i> <i>b. the baby is feeding too little or tires out</i> <i>c. weight gain is not enough, or</i> <i>d. if with "physiologic" jaundice</i>	
<b>D. Explained and discussed discharge criteria</b>	
<i>1. No apnea, appears in good health</i>	
<i>2. Feeding well</i>	
<i>3. Gaining weight</i>	
<i>4. Temperature is stable</i>	
<i>5. Mother is confident of taking care of her baby using KMC (including unrestricted breastfeeding, provision of warmth, hygiene and positioning), cup feeding when separated, manual expression and storage of expressed breast milk, knows danger signs and actions</i>	
<b>E. Advised the mother to return or go to the hospital immediately upon recognition of danger signs</b>	
<b>F. Advised the mother to bring her newborn to the health facility for routine check-up as scheduled by the attending physician and as necessary when:</b>	
<i>1. Routine visits while still in KMC, every 2-3 days, or</i>	

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Dr. Hon Data 12/28/20

ACTIVITY	Status
2. When problems arise, or	
3. For subspecialty follow-up, as indicated	
G. Screening, including: <ul style="list-style-type: none"> <li>• otoacoustic emission test</li> <li>• retinopathy of prematurity, and</li> <li>• newborn screening</li> </ul>	

Certified correct by:		Conforme by:	
(Printed name and signature) Attending Physician		(Printed name and signature) Parent/Guardian	
PhilHealth Accreditation No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date signed (mm/dd/yyyy)	
Date signed (mm/dd/yyyy)			

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 DC: Hba Date: 12/12/20



*As of September 2022*



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[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



UNIVERSAL HEALTH CARE  
KALISUNGGA 21 KALIMPA 2400 24 1400M

## For Premature or Small Newborns Who Die

HEALTH FACILITY (HF)								
ADDRESS OF HF								
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix						SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
	2. PhilHealth ID Number							
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")							
	1. Last Name, First Name, Middle Name, Suffix							
2. PhilHealth ID Number								

ACTIVITIES (items may be done simultaneously and not necessarily done in chronological order)	Status
A. Care of the infant after death	
1. Removed all lines, tubes and equipment from the body (except if with secured consent for autopsy in which all lines and equipment probes should be left in site)	
i. Applied small piece of tape adhesive/transparent film dressing to IV sites	
2. Treated the infant's body with care, cleaned and dressed properly and with respect	
i. Wiped down / sponged the infant's body carefully (asked the parents if they wish to be involved in holding the baby)	

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ACTIVITIES (items may be done simultaneously and not necessarily done in chronological order)	Status
ii. Dressed the infant's body in a diaper and baby's own clothes, or if not available, use hospital garments (asked the parents if they wish to be involved in dressing the baby)	
iii. Ensured that the baby's face is identifiable in its wrapping	
iv. Ensured that the baby's remains is labelled correctly	
3. Performed a full physical examination of the infant's body including head circumference, weight and length	
4. Gave parents adequate time to make decisions for their newborn, gather family and grieve in the presence of the newborn's body	
i. Discussed where the family wants the body sent (morgue / funeral parlor or home)	
ii. Discussed religious / cultural practices	
iii. Parents were informed about options with regards to autopsy as necessary (in case autopsy is opted, obtained full and informed consent)	
B. Care of the parents/family	
1. Parents and family were provided by healthcare worker with information about the baby and circumstances surrounding his/her demise and probable cause of death	
2. Offered opportunities to see and hold their baby and offered support for parenting activities such as but not limited to cleaning, dressing the baby, and naming the baby	
3. Offered parents or family members opportunities to spend time with their baby, cuddle the baby and make mementoes of the baby (e.g. hand and/or footprints and curl of hair) or take photographs, consistent with NICU confidentiality policies (i.e. provided that there is consent and that the photo will not show any hospital or patient identifiers in accordance with the data privacy act)	
4. Asked and discussed religious rituals or practices and preferred spiritual care provider with parents or family	
5. Offered to contact appropriate spiritual adviser and/or counsellor	
6. Addressed the mother's postnatal physical care needs	

ACTIVITIES (items may be done simultaneously and not necessarily done in chronological order)	Status
i. Provided information about lactation, vaginal bleeding, and wound care to bereaved mother	
ii. Advised the mother on breast care and provided initial lactation support (helped the mother with her options in lactation during bereavement)	
iii. Mother was advised on the importance of postnatal check-ups	
iv. Encouraged the mother to rest, sleep, and make sure she eats well to regain strength	
7. Offered anticipatory guidance to parents and/or family regarding the grieving process (may be in the form of handout or other multimedia materials)	
8. Contacted social services to provide social support (e.g. emotional and psychosocial counselling, financial assistance, etc.) as needed	
9. (Optional) Provided a list of parent support organizations or list of referral bereavement support groups/agencies to the family together with their range of services and offer to make a referral if needed	
10. (Optional) Advised to schedule a bereavement follow-up appointment within 6-12 months of the baby's death to parents/families (for example to address clinical, emotional aspects of care to help the parents and family understand what happened to their baby, to resolve any uncertainty, and to assist the grieving process, address implications for future pregnancies, including recommendations for pre-conception and maternity care, also may assess for psychosocial red flags and risk factors for complicated grief like marital discord, rape, family discord, other unusual circumstances etc., if present, can be used as basis for advising follow-up/referral)	
C. Documentation	
1. Completed the infant's chart	
2. Completed the needed documentation for PhilHealth benefit reimbursement and as applicable, for the third party insurance provider	
3. Provided a prepared and accomplished birth certificate to the family	
4. Provided a prepared and accomplished death certificate to the family	
5. Provided medical certification indicating <b>any notifiable diseases of public health concern</b> during admission and at the time of death	

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# Annex N: Certificate of Medical Futility

As of September 2022



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 www.philhealth.gov.ph



UNIVERSAL HEALTH CARE  
 KALUSUGAN AT KALINOSA PARA SA LAHAT

Registry No. \_\_\_\_\_

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]
B. MEMBER	(Answer only if the patient is a dependent; otherwise, write, "same as above")
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]

## CERTIFICATE OF MEDICAL FUTILITY (FOR THE Z BENEFITS FOR PREMATURE OR SMALL BABY)

This is to certify that at the time of discharge, after thorough discussion with the family, the baby's clinical status arising from:

☐ a known lethal condition \_\_\_\_\_,

OR

☐ progressive deterioration unchanged by maximal interventions

☐ Full inotropic support

☐ High ventilatory support

☐ Others: \_\_\_\_\_

was irreversible and would have likely led to death imminently or within days to months.

Certified correct by:	Conforme by:
(Printed name and signature) Attending Physician	(Printed name and signature) Parent/Guardian
PhilHealth Accreditation No. [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

## Annex O: Indicators for Medical Futility

As of September 2022



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UNIVERSAL HEALTH CARE  
SALUBRIDAD AT KALUSUGAN PARA SA LAHAT

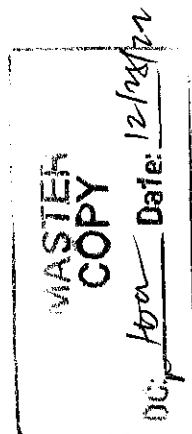
Registry No. \_\_\_\_\_

### INDICATORS FOR MEDICAL FUTILITY

These indicators shall be part of routine monitoring of clinical outcomes of care, policy research, and quality improvement processes.

The following are any of the indicators for medical futility, but not limited to:

- ☐ Do Not Resuscitate (DNR) Order
- ☐ Shock refractory to maximal inotropic support (e.g. septic, cardiogenic, hypovolemic)
- ☐ Respiratory failure refractory to high ventilator settings
- ☐ Poor neurologic status (e.g. fixed dilated pupils, tense fontanelle, absent response to stimulation)
- ☐ Severe acidosis (e.g. severe hypothermia)



## Annex P: Other High-Risk Conditions of Pregnant Women

As of September 2022



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KALUSUGAN AT KASIGANA PARA SA LAHAT

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### Other High-Risk Conditions of Pregnant Women

The following are conditions that would classify a woman as high risk:

- Maternal age below 19 years old at the date of delivery
- First pregnancy in patients with age 35 years and older at the date of delivery
- Multiple or multifetal pregnancy e.g. twins and triplets
- Ovarian abnormality (e.g. ovarian cyst)
- Uterine abnormality (e.g. myoma uteri)
- Placental abnormality (e.g. placenta previa)
- Abnormal fetal presentation (e.g. breech)
- History of 3 (three) or more miscarriages/abortion
- History of 1 (one) stillbirth
- History of major obstetric and/or gynecologic operation (e.g. caesarean section, uterine myomectomy)
- History of medical conditions (e.g. hypertension, preeclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorder)
- Other risk factors that may arise during present pregnancy (e.g. premature contractions, vaginal bleeding) that warrant referral for further management

Note: The list is subject to change based on new evidence or re-interpretation of existing evidence

