

Self-assessment/Survey Tool for Z Benefit Package Providers for Selected Orthopedic Implants

Name of Health Facility (HF): _____

Date of Survey: _____ Time started: _____ Time ended: _____
**For Survey Team Use Only (mm/dd/yyyy)*

Directions for the HF:

1. Put a check (✓) in the “Yes” column if the service is available or an (X) in the “No” column if the same is not available in the HF.
2. For outsourced services, put (X) in the “No” column and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

	REQUIREMENTS	HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.0	Health Facility License and Accreditation					
1.1	The HF has an updated DOH License (Tertiary Level)					
1.2	The HF has an updated PhilHealth Accreditation					
2.0	Minimum Service Capability/ Technical Standards					
2.1	List of Accredited Suppliers					
2.2	Consignment agreement, as applicable					
2.3	Photocopies of FDA Certificates of the following implants:					
	a. Implants for Hip Arthroplasty					
	i. Total Hip Prosthesis, cemented					
	ii. Total Hip Prosthesis, cementless					
	iii. Total Hip Prosthesis, hybrid					
	iv. Partial Hip Prosthesis, bipolar					
	v. Partial Hip Prosthesis, unipolar modular					
	b. Implants for Hip Fixation					
	i. Multiple screw fixation (MSF) 6.5mm cannulated cancellous screws with washer					
	c. Implants for Pertrochanteric Fracture					
	i. Compression Hip Screw set (CHS)					
	ii. Proximal Femoral Locked Plate (PFLP)					
	iii. Proximal Femoral Nail (PFN)					
	d. Implants for Femoral and Tibial Shaft Fracture					

	i. Intramedullary Nail with Interlocking Screws (Femoral and Tibial)				
	ii. Locked Compression Plate (LCP) – Broad, Metaphyseal, Proximal and Distal (Femoral and Tibial)				
	e. Implants for Total Knee Replacement				
	i. Knee Prosthesis				
	f. Implants for Upper Extremities				
	i. Arm and Forearm (Plating and Pinning)				
	ii. Wrist (Plating and Pinning)				
2.4	General Infrastructure/ Physical Facilities				
	i. Major Operating Room				
	ii. Surgery ward				
	iii. Conference room for multidisciplinary meeting				
	iv. Multi-Disciplinary out-patient clinics				
	v. Rehabilitation Services				
3.0	Human Resource				
3.1	The HF shall have a functional Multi-disciplinary Team (MDT)				
	a. Composition/List of healthcare professionals with <i>conforme</i>				
	b. Minutes of Meeting				
3.2	Orthopedic Surgeon				
	a. Board Certified Fellow/Diplomate of the Philippine Orthopedic Association				
	b. Valid PRC License				
	c. Valid PhilHealth Accreditation				
3.3	Anesthesiologist				
	a. Fellow/Diplomate of the Philippine Board of Anesthesiology				
	b. Valid PRC License				
	c. Valid PhilHealth Accreditation				
3.4	Physiatrist/Rehabilitation Medicine				
	a. Diplomate of the Philippine Academy of Rehabilitation Medicine-Philippine Specialty Board (PARM-PSB) and/or Fellow of the Philippine Academy of Rehabilitation Medicine				
	b. Valid PRC License				
	c. Valid PhilHealth Accreditation				
3.5	Physical Therapist				
	a. Member in Good Standing of the Philippine Physical Therapy Association				
	b. Valid PRC License				
3.6	Z Benefit Coordinator (at least 1) (<i>handles maximum of 3 Z Benefit packages</i>)				
4.0	Clinical Pathway Implementation				
	Presence of policy adopting the clinical pathway for selected orthopedic procedures such as:				

	a. Hip Arthroplasty					
	b. Hip Fixation					
	c. Pertrochanteric Fracture					
	d. Femoral and Tibial Shaft Fracture					
	e. Total for Total Knee Replacements					
	f. Upper Extremities					
5.0	Z Benefit Program Implementation					
	i. Full awareness of the PhilHealth Z Benefit program including No Balance Billing (NBB) and maximum co-payments					
	ii. Action plan/ commitment of the HF to abide with the NBB Policy					
	iii. Conduct advocacy programs/seminars at least annually					
	iv. Submit computation for co-pay proposal as applicable					
	v. Provides patient navigation for availment of Z Benefit Package					
	vi. Outcome Indicators: Renewal of contract)					
	a. Morbidity (Infection, Implant failure, other complications)					
	b. Mortality					
	c. Patient reported outcome measures					

PhilHealth Survey Team

Surveyors' Names	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature

Agreements with HF / Notes of PhilHealth after Pre-contracting survey (PCS)