

Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City Call Center (02) 441-7442 Trunkline (02) 441-7444 www.philhealth.gov.ph



Self-assessment tool for Z Benefit Package for Selected Orthopedic Implants

Name of HCI:

Date of Survey: _____ Time started: _____ Time ended: _____

Directions for the HCI:

Put a check (√) in the box if the service is available or an X if the same is not available in the HCI.
For outsourced services, put an X in the "no" box and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

| | Requirements | H | HCI | | HIC | REMARKS |
|-----|---|-----|-----|-----|-----|---------|
| | | Yes | No | Yes | No | |
| 1 | Hospital License and Accreditation | | | | | |
| 1.1 | The HCI has an updated DOH license | | | | | |
| 1.2 | The HCI has an updated PhilHealth Accreditation | | | | | |
| 2 | Mandatory Ancillary Services | | | | | |
| 2.1 | Implants for Hip Arthroplasty | | | | | |
| a. | Total Hip Prosthesis, cemented | | | | | |
| b. | Total Hip Prosthesis, cementless | | | | | |
| с. | Total Hip Prosthesis, bipolar | | | | | |
| 2.2 | Implants for Hip Fixation | | | | | |
| a. | Multiple screw fixation (MSF) 6.5mm cannulated cancellous screws with washer | | | | | |
| 2.3 | Implants for Pertrochanteric Fracture | | | | | |
| a. | Compression Hip Screw Set (CHS) | | | | | |
| b. | Proximal Femoral Locked Plate (PFLP) | | | | | |
| 2.4 | Implants for Femoral Shaft Fracture | | | | | |
| a. | Intramedullary Nail with Interlocking Screws | | | | | |
| b. | Locked Compression Plate (LCP) - Broad, Metaphyseal,Distal, Femoral LC | | | | | |
| 3 | Human Resource | | | | | |
| | The HCI shall have a functional Multi-disciplinary/ Interdisciplinary team (MDT) | | | | | |
| 3.1 | Orthopedic Surgeon | | | | | |
| a. | Board certified Fellow/Diplomate of the Philippine Orthopedic Association | | | | | |
| b. | Valid PRC license | | | | | |
| с. | Valid PhilHealth accreditation | | | | | |
| d. | Certificate of Good Standing | | | | | |
| 3.2 | Anaesthesiologist | | | | | |

| | Fellow/Diplomate of the Philippine Board of | | | |
|-----|--|------|---|--|
| a. | Anesthesiology | | | |
| b. | Valid PRC License | | | |
| С. | Valid PhilHealth Accreditation | | | |
| d. | Certificate of Good Standing | | | |
| 3.3 | Physiatrist/Rehabilitation Medicine | | | |
| a. | Board certified Fellow/Diplomate of the Philippine Association of Rehabilitation Medicine | | | |
| b. | Valid PRC License | | | |
| с. | Valid PhilHealth Accreditation | | | |
| d. | Certificate of Good Standing | | | |
| 3.4 | Physical Therapist (PT) | | | |
| | Member in good standing of Philippine Physical Therapy Association | | | |
| | Valid PRC License | | | |
| 3.4 | Z Benefit Coordinator (At Least 1) | | | |
| 4 | Clinical Pathway Implementation | | | |
| | Must have a clinical pathway manual for Selected | | | |
| a. | Orthopedic Implants | | | |
| a.1 | Hip Arthroplasty | | | |
| a.2 | Hip Fixation Pertrochanteric Fracture | | | |
| a.3 | Femoral Shaft Fracture | | | |
| a.4 | | | | |
| b. | Must have Screening Panel to evaluate eligibility of patients for Z Benefit Package | | | |
| 5 | Z-Benefit Program Implementation | | 1 | |
| 5.1 | Full awareness of the PhilHealth Z Benefit Program including No Balance Billing (NBB)and maximum co- payment | | | |
| 5.2 | Action plan /commitment of the HCI to abide with the NBB policy | | | |
| 5.3 | Conduct advocacy programs/seminars at least annually | | | |
| 5.4 | Process for the provision of services for selected orthopedic implants | | | |
| 5.5 | Costing for maximum co-pay | | | |

PhilHealth Survey Team

| Surveyor's Name | Designation | Signature |
|-----------------|-------------|-----------|
| | | |
| | | |

HCI Management Team

| Surveyor's Name | Designation | Signature |
|-----------------|-------------|-----------|
| | | |
| | | |