

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/ Survey Tool for Z Benefit Package Providers for Children with Visual Disabilities

Name of HCI:			
Date of Survey:	Time started:	Time ended:	
,		 -	

Directions for the HCI:

- 1. Put a check ($\sqrt{ }$) in the box if the service is available or an X if the same is not available in the HCI.
- 2. 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.

		HCI		PHIC			
	REQUIREMENTS	Yes	No	Yes	No	REMARKS	
1	Hospital License and Accreditation						
1.1	The HCI has an updated DOH License						
1.2	The HCI has an updated PhilHealth Accreditation						
2	Minimum Service Capability						
	Mandatory Services as stated in PhilHealth Circular						
2.1	OR with formal referral process to a licensed						
	referral facility:						
2.1.2	Low Vision Assessment or Diagnostics						
	i. Visual acuity testing						
	ii. Visual field testing						
	iii. Contrast sensitivity testing						
	iv. Color vision testing						
	v. Retinoscopy/refraction						
	vi. Functional vision assessment						
2.1.3	Provision of optical aids for low vision						
	i. Hand held magnifiers						
	ii. Dome magnifiers						
	iii. Stand magnifiers						
	iv. Hand-held monocular telescopes						
	v. Spectacle magnifiers						
	vi. Specialized process lenses (includes						
	spectacles, contact lenses and/or						
	telescope)						

Viii. Flectronic devices for low vision viii. Access to mobile applications for low vision viii. Access to mobile applications for low vision vision				HCI		PHIC			
viii. Electronic devices for low vision ix. Access to mobile applications for low vision x. White canes xi. Ocular prosthesis Low Vision Rehabilitation Unit that would provide a rehabilitation plan consisting of, but not limited to: i. Assistive device prescription when required and training ii. Environmental adaptation (e.g. visual and tactile cues) iii. Visual skills training as necessary (e.g. visual training modules) iv. Training on activities of daily living (e.g. kitchen, bathroom, dining and communication) v. Orientation and mobility training 3 Equipment i. Visual field test iii. Indirect ophthalmoscope (portable) iiii. Ophthalmoscope (portable, detached) iv. Retinoscope (portable, detached) v. Tonometer (portable) vii. Slit lamp (portable) viii. Keratometer (portable) viiii. Lensometer ix. Pupillary Distance (PD) meter x. Test for depth perception (e.g. stereo fly) xii. Lensose 20D, 28D and 40D xiv. Visual acuity charts (e.g. LEA screening kit xv. Contrast sensitivity chart xvii. Color vision chart xvii. Functional vision assessment tools 4 Human Resources Ophthalmologist or optometrist with Low Vision			REQUIREMENTS	Yes	No	Yes	No	REMARKS	
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	4.1	Training							

Annex "F - Visual Disabilities"

REQUIREMENTS		HCI		PHIC			
		Yes	No	Yes	No	REMARKS	
4.2	Trained personnel on low vision rehabilitation						
4.3	Medical social worker						
4.4	Z- Benefit Coordinator						
5	General algorithm of care						
	Presence of policy adopting the general algorithm						
	of care						
6	Z Benefit Program Implementation						
	Full awareness of the PhilHealth Z benefit program						
6.1	including No Balance Billing (NBB) and maximum						
	co- payments						
6.2	Action plan/ commitment of the HCI to abide with						
0.2	the NBB policy						
6.3	Conduct advocacy programs/seminars at least						
0.5	annually						
6.4 Submit report on patient outcomes, and other							
0.4	statistical reports						
6.5	Costing for maximum co-pay						
6.6	Process for the provision of services						

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HCI Management Team

Names of Management Team	Designation	Signature